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ABSTRACT

The final report contains narrative information on a 1-year project designed to identify and serve preschool handicapped children (birth-4 years 7 months). Activities are described for each of seven major objectives, including creation of public awareness of programs and services available for unserved handicapped children, identification of previously unserved handicapped children, provision of individualized program plans for handicapped children, and development of a child-tracking system. Internal and external evaluation procedures and results are reviewed for the seven project objectives. The bulk of the document is composed of 31 appendixes, including sample newspaper advertisements, radio announcements, parental resource forms, and computer tracking sheets. (CL)

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FINAL REPORT

1976 - 1977

PRESCHOOL SERVICES FOR THE HANDICAPPED

(Volume 1 of 2)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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MONTGOMERY COUNTY INTERMEDIATE UNIT 23

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FINAL REPORT

1976 - 1977

PRESCHOOL SERVICES FOR THE HANDICAPPED

(Volume 1 of 2)

by

Robert H. Leiss

Carolyn Hebden Lutz

Barton B. Proger

Funded Under the Education for the

Handicapped Act, Part B

July 1, 1976, to June 30, 1977

Project No. 48-05023-460-380

Montgomery County Intermediate Unit 23
Special Education Center
1605-B West Main Street
Norristown, Pa. 19401

October, 1977

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COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF EDUCATION

1

FEDERAL PROJECT APPLICATION
(P.L. 89-313 and Part B, EHA)

(CHECK ONE)
- [ ] APPLICATION
- [ ] REVISION
- [X] REPORT

PDE-1432 8/78

INSTRUCTIONS: Application - three copies of form, budget breakdown, narrative and abstract of narrative: Revision - three copies of form, budget breakdown and justification: Report - one copy of form and narrative evaluation. Submit to the Department of Education, Division of Special Education, Box 911, Harrisburg, Pennsylvania 17126.

APPLICANT AGENCY

NAME OF PROJECT DIRECTOR - LAST: Leiss | FIRST: Dr. Robert | MIDDLE INITIAL: H.

NAME OF AGENCY: Montgomery County Intermediate Unit No. 23

ADDRESS - NUMBER AND STREET: 1605-B West Main Street | CITY: Norristown, | STATE: PA | ZIP CODE: 19401

COUNTY: Montgomery

AREA CODE AND PHONE NUMBER: (215) 539-8550

EXTENSION: 210

AMOUNT OF FEDERAL FUNDS REQUESTED: $ 230,525.00

LEGISLATIVE FUNDING AUTHORITY (CHECK ONE)
- [ ] P.L. 89-313
- [X] PART B, EHA

PROJECT DURATION
- FROM (MONTH, DAY, YEAR): July 1, 1976
- TO (MONTH, DAY, YEAR): June 30, 1977

TITLE OF PROJECT: "A Plan for Initiation of Services to Preschool Handicapped Children not Previously Served"

PDE USE ONLY

DATE RECEIVED

PROJECT NUMBER

DATE APPROVED

AMOUNT APPROVED

SIGNATURE

SEA RATING

STATISTICAL INFORMATION

(Application - Give estimated number of personnel and children served. Report - Give actual number of personnel and children served.)

TYPE OF HANDICAPPED CHILDREN SERVED	A. CHILDREN RECEIVING SERVICES: NUMBER OF CHILDREN SERVED						B. PROJECT PERSONNEL PAID FROM FEDERAL PROJECT FUNDS: NUMBER OF PERSONNEL PAID				C. PERSONNEL RECEIVING INSERVICE TRAINING FROM FEDERAL PROJECT FUNDS: NUMBER OF PERSONNEL TRAINED			
	0 - 2 YEARS	3 - 5 YEARS	6 - 12 YEARS	13 - 18 YEARS	19 AND OVER	TOTAL	TEACHERS	TEACHER-AIDES	OTHER PERS.	TOTAL PERS.	TEACHERS	TEACHER-AIDES	OTHER PERS.	TOTAL PERS.
TRAINABLE MENTALLY RETARDED	7	23				30	2	2		4	2	2		4
EDUCABLE MENTALLY RETARDED		10				10								
LEARNING DISABLED		25				25								
EMOTIONALLY DISTURBED		4				4								
OTHER HEALTH IMPAIRED	2	2				4			5	5			232	232
CRIPPLED	5	6				11								
VISUALLY HANDICAPPED		4				4								
DEAF-BLIND														
DEAF														
HARD OF HEARING	1	13				14	1			1	1			1
SPEECH IMPAIRED	5	84				89	2			2	2			2
TOTAL	20	171			7	191	5	2	5	12	5	2	232	239

(Application - Give estimated dollar amount of Federal Funds required. Report - Give actual expenditures and unliquidated obligations.)

EXPENDITURE ACCOUNT	ACCOUNT NUMBER	SALARIES	CONTRACTED SERVICES	OTHER EXPENSES	TOTAL
Administration	0100		250.00		250.00
Instructional Salaries	0200	103,312.31	45,498.62	14,235.61	163,046.54
Pupil Personnel Services	0300	20,080.00			20,080.00
Health Services	0400				
Pupil Transportation	0500				
Operation and Maintenance	0600			2,020.00	2,020.00
Fixed Charges	0800			29,959.80	29,959.80
Food Services	0900				
Student Activities	1000				
Community Services	1100				
Instructional Equipment	1243			628.00	628.00
Noninstructional Equipment	1244			794.75	794.75
				GRAND TOTAL	216,779.09

FEDERAL FUNDING BREAKDOWN

BY TYPE OF HANDICAPPED CHILDREN BENEFITING	AMOUNTS
Trainable Mentally Retarded	$ 34,034.32
Educable Mentally Retarded	11,272.51
Learning Disabled	28,398.06
Emotionally Disabled	4,552.36
Other Health Impaired	4,552.36
Crippled	12,573.19
Visually Handicapped	4,552.36
Deaf - blind	
Deaf	
Hard of Hearing	15,824.87
Speech Impaired	101,019.06
TOTAL HANDICAPPED	$ 216,779.09

TYPE OF CHILDREN	NUMBER OF CHILDR
Children age 6 and over participating in preschool activity	
Students participating in voc-ed activity	
Severely handicapped children participating directly	63
Children from low income families participating	
Children enrolled in nonpublic schools (APS)	154
Additional children rec. only incidental serv.(indirect)	
American Indian children involved	
Black children involved	17
Oriental children involved	1
Spanish surnamed children	1
Parents receiving direct services	232

CERTIFICATION

I CERTIFY that, to the best of my knowledge, the information contained in this application is correct and complete and that the applicant Agency has authorized me, as its representative, to give assurances and to file this application.

APPLICANT AGENCY IS IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964.

TYPED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
Dr. Dennis Harken Executive Director		

REPORT ORGANIZATION

In line with state mandated reporting procedures, the forms for the final report of each component in the project are enclosed. However, to supplement these fact sheets the Montgomery County Intermediate Unit has supplied a detailed narrative and appendix materials to provide interested individuals with sufficient information about the project and its operations. It is felt that this report aids in the dissemination efforts which were conducted under component seven, and also the accountability efforts which were a priority of the entire project year.

COMPONENT 1 - FINAL REPORT OF PUBLIC AWARENESS OF PROGRAMS AND SERVICES (Status of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED	
	Items Prepared	Disseminated
Newspaper - news releases	23	23 papers undetermined circulation
advertisements	0	papers circulation
Flyers -	110,000	83,000
Posters -	1,000	900
Radio - releases, spots, programs	3	#stations undetermined #uses
Television - releases, spots, programs	2	2 #stations 2 #uses
Display -	1	100

PROGRESS --

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs. 4

For detailed description of activities, outcomes, and recommendations related to Component 1, see narrative of final report.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

10 Per cent of Funds

COMPONENT 2 - FINAL REPORT OF LOCATION AND IDENTIFICATION SERVICES (Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED		
	Number of Children		
	Birth - 2	3 - Entry	Entry - 21
Referral			
Referrals of thought-to-be handicapped children (excluding group screenings) - TOTAL	21	191	13
Screening			
Children screened for possible handicap - TOTAL	21	191	13
Verification			
Children evaluated for verification - TOTAL	18	179	0
Children verified as handicapped - TOTAL	18	144	unknown

	Severity of Handicap		
	Mild	Moderate	Severe
Mentally Retarded	23	21	5
Learning Disabled	3	2	
Emotionally Disturbed	18	4	2
Other Health Impaired		2	2
Crippled	1	3	
Visually Handicapped		1	1
Deaf-Blind			
Deaf			10
Hard of Hearing			
Speech Impaired	32	25	7

PROGRESS --

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs.

For detailed description of activities, outcomes, and recommendations related to Component 2, see narrative of final report.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

15 Per cent of Funds

COMPONENT 3 - FINAL REPORT OF IEP PLANNING
(Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED	
	Birth - 2	3 - Entry
IEP		
Children for whom IEP plans have been developed (assurance sheet completed) - TOTAL	0	38
IEPs revised (assurance sheet replaced) - TOTAL	0	0

PROGRESS --

	More than Expected	Fewer than Expected	As Expected
a. Outcome Units			As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs. 8

For detailed description of activities, outcomes, and recommendations related to Component 3, see narrative of final report.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

10 Per cent of Funds

COMPONENT 4 - FINAL REPORT OF INSTRUCTIONAL PROGRAMS
AND RELATED SERVICES (Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED	
	Birth - 2	3 - Entry
CHILDREN (count a child only once)		
Instructed via:		
Classroom/self-contained programming	0	30
At-home programming	0	8
Itinerant support	0	0
Other (Specify)	0	0
TOTAL	0	38

PROGRESS --

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs.

For detailed description of activities, outcomes, and recommendations related to Component 4, see narrative of final report.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

45 Per cent of Funds

COMPONENT 5 - FINAL REPORT OF CHILD TRACKING
(Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED
Children tracked - TOTAL	191

PROGRESS:

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs. 12

For detailed description of activities, outcomes, and recommendations related to component 5, see final report narrative.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

7 Per cent of Funds

COMPONENT 6 - FINAL REPORT OF RESOURCE INFORMATION
(Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED			
	Evaluation/ Assessment		Programs & Services	
Resource Directories				
Developed or revised - TOTAL = 2				
	Parent Users		Professional Users	
	# Acquired	# Used	# Acquired	# Used
Resources acquired for parents/professionals				
Books	10	10	---	---
Pamphlets and brochures	110,000	70,000	110,000	28,000
Training materials	327	327	---	---

PROGRESS:

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs. 14

For detailed description of activities, outcomes, and recommendations related to component 6, see final report narrative.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

3 Per cent of Funds

COMPONENT 7 - FINAL REPORT OF MANAGEMENT AND ACCOUNTABILITY
(Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED
Planning	
Program plans prepared or revised	38

PROGRESS --

	More than Expected	Fewer than Expected	As Expected
a. Outcome Units			As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

Please describe any significant differences between status in this service component and what was expected as described in the program plan for the 1976-77 school year. Be sure to include unanticipated problems and continuing needs.

For detailed description of activities, outcomes, and recommendations related to component 7, see final report narrative.

Indicate the per cent of funds that was applied to this service component in the 1976-77 school year.

10 Per cent of Funds

PREFACE

This report is the result of input from many project and applicant agency staff members. Data and evaluative feedback have been obtained from Mrs. Anne Marie Kauffman, Project Psychologist; Ms. Bonnie Carr, Project Information Manager; Mr. David Shiery, Project Case Manager; Ms. Ann Walls, Project Teacher; Ms. Kathy Bachus, Project Teacher; Ms. Pat Warliga, Project Teacher. Apart from the above project staff, many Intermediate Unit staff members also assisted: Mrs. Lottie Porter, Social Worker; Mr. T. Peter Boardman, Assistant Director of Special Education; Mrs. Janet McBride, Supervisor of Hearing Impaired; and Mr. Marshall H. Siegel, Coordinator of Speech, Language, and Hearing Programs.

ABSTRACT

In its second year of funding the project was concerned with seven objectives. Specifically, these goals were:

1) to create public awareness of project programs and services;
2) to identify and locate all handicapped children ages 0 to 4 years 7 months, and to provide diagnostic evaluation services to this population;
3) to develop and implement an individualized educational program for each child eligible for instructional programs;
4) to provide instructional programs to select target groups;
5) to develop and maintain a child tracking system;
6) to provide resource information to all interested parties; and
7) to gather, summarize and report information.

In attempting to fulfill these stated objectives the program implemented the following activities:

1) a planned media awareness campaign;
2) the utilization of agency and parental referrals, implementation of a high risk register, and diagnostic evaluations;
3) the development of written educational plans for each child;
4) the implementation of classroom programs for hearing impaired and non-categorical children;
5) the development and utilization of a computerized child tracking system;
6) the establishment of reference materials for parents and teachers; and
7) the reporting and analysis of these steps for further program

improvement.

Detailed evaluation of the strengths and weaknesses was conducted by the staff and was supplemented by two on-site outside evaluations.

ACKNOWLEDGEMENTS

This report represents, in many cases, the culmination of an entire year's worth of effort in the preschool handicapped area by the following project staff. Mr. David Shiery, as Case Manager, has put forth a desirable image of the project in his work establishing an initial, detailed contact with parents. Ms. Bonnie Carr contributed to the project as Information Manager, and in that capacity, organized the project's coordination with the general public. Mrs. Ann Kauffman has directed and coordinated the psychological services component, and has done much to make the evaluation service component successful. Mrs. Janet McBride has labored unceasingly on behalf of the hearing impaired program classes which she supervised, while Ms. Laurie Frasinelli provided valuable speech therapy sessions. Mrs. Kathleen Bachus, teacher of the hearing impaired class, Ms. Ann Walls and Ms. Patricia Warliga, teachers of the non-categorical classes, have gone to great lengths in devising stimulative activities for their preschool students. Mr. T. Peter Boardman, Assistant Director of Special Education, provided direction and support for the non-categorical classes. Mrs. Jean Kern admirably carried out the task of conducting parent training sessions in early childhood speech and language development.

Dr. Ronald Fischman, Director of Psychological Services for the Intermediate Unit, Mr. Marshall H. Siegel, Assistant Director of Speech, Language and Hearing Services, and Mrs. Lottie Porter, Project Social Worker, all contributed their expertise in many ways to make the project function more successfully. Dr. Dennis Harken, Executive Director of the Intermediate Unit, has given valuable advice and continued support throughout the 1976-1977 project year.

Mrs. Marjorie Simons and Mrs. Esther Markley of the Intermediate Unit's Federal Projects Accounting Office have provided constant support in assisting with the financial management of the project.

At the state level Dr. Gary J. Makuch, Director of the Bureau of Special and Compensatory Education has offered consultation at various times. Ms. Elaine Gilvear, Adviser in Federal Projects; Mr. Carl Thornton, her assistant; and Mr. H. Eugene Hobaugh, Financial Analyst with Federal Projects; have all provided continuing support and guidance. Mr. Fred Davis, of Project CONNECT, has also given valuable advice at several times, especially in connection with the IEP phase of the project.

MAJOR OBJECTIVES

Service Component 1 - To create public awareness of programs and services available to previously unserved handicapped persons.

Service Component 2 - To locate unserved handicapped persons aged zero to 21 years; then to identify, and verify all previously unserved preschool handicapped persons.

Service Component 3 - To provide individualized program plans for handicapped persons served or assigned by means of EHA-B.

Service Component 4 - To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.

Service Component 5 - To develop and maintain a child-tracking system that meets I.U., state, and national level information needs about persons served under EHA-B.

Service Component 6 - To provide resource information necessary for adequate services to handicapped persons under EHA-B.

Service Component 7 - To gather, summarize, and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes.

PROJECTED TARGET GROUPS

This project was designed to serve all preschool handicapped children ages birth to 4 years, 7 months. All preschool handicapped children who were referred to, or located by, the project were eligible for service as far as resources permitted. At the minimum, this would have included the phases of awareness, location, identification, comprehensive evaluative services, and tracking services. Additionally, children were served through actual educational services for non-categorical and hearing impaired classes.

On the basis of start of the year estimates of preschool handicapped children, it was anticipated that 300 children were eligible, as shown below, by age and exceptionality breakdown:

Exceptionality	0-2 years	3-5 years
Trainable Mentally Retarded	14	21
Educable Mentally Retarded	5	19
Learning Disabled	6	82
Emotionally Disturbed	3	8
Other Health Impaired	5	27
Crippled	3	10
Visually Handicapped	3	9
Deaf	1	3
Hard of Hearing	9	24
Speech Impaired	2	46
TOTAL	51	249

The actual numbers of children who were surveyed will be discussed in the section entitled, "Evaluation Results."

PROJECT PERSONNEL

A. PAID PERSONNEL

Employee	Position	Areas of Expertise
Mr. David Shiery	Case Manager	Coordinating child tracking system; conducting confidential parent interviews
Ms. Bonnie Carr	Information Manager	Coordinating awareness campaign; assisting in child location and identification
Mrs. Bernadette McMenamin	Information Specialist	Assisting information manager
Ms. Carol Shuback	Information Specialist	Assisting information manager
Mrs. Kathleen Bachus	Teacher of the Hearing Impaired	Instructing students in the hearing impaired preschool class
Ms. Ann Walls	Teacher of Non-categorical Class	Instructing special education students
Ms. Patricia Warliga	Teacher of Non-categorical Class	Instructing special education students
Ms. Susan Clugston	Teacher's Aide	Aiding teacher in special education
Ms. Nancy Grosedose	Teacher's Aide	Aiding teacher in special education
Ms. Ann Kauffman	Project Psychologist	Performs and coordinates diagnostic evaluations
Ms. Martha Brong	Itinerant Language Therapist	In-home therapy with communication disorder children
Ms. Lynne McCutchean	Physical Therapist	Therapy services to non-categorical classes
Ms. Kathryn Schlaudecker	Occupational Therapist	Therapy services to non-categorical classes

Employee	Position	Areas of Expertise
Ms. Laurie Frassinelli	Itinerant Speech Clinician	Therapist, Speech Services
Ms. Helen Carroll	Itinerant Speech Clinician	Aiding in Speech Therapy Services
Ms. Susan Gluck	Itinerant Speech Clinician	Therapist, Speech Services

B. NON-PAID PERSONNEL

Dr. Robert H. Leiss	Assistant Director of Special Education and Director of this current project	Serving as Project Director, as well as guidance in implementing preschool program activities
Dr. Barton B. Proger	Coordinator of Federal Projects and Program Evaluation, and also Assistant Project Director	Program evaluation, child tracking, confidentiality, and assistance to Project Director in federal project procedural matters
Mrs. Lottie Porter	Social Worker	Guidance in planning and implementing awareness and child tracking efforts
Mrs. Janet McBride	Supervisor of Speech and Hearing	Program Implementation, especially the hearing impaired class
Ms. Jean Kern	Educational Advisor in Speech and Hearing	Program Implementation, especially the parent training activities
Dr. Ronald Fischman	Coordinator of Psychological Services	Consultation on deployment of psychological services
Mr. Peter Boardman	Assistant Director of Special Education	Supervisor of non-categorical classes
Mr. Marshall Siegel	Assistant Director of Speech and Language	Speech Supervisor

ACTIVITIES

In this section, the activities which were used to implement each of the seven service components are discussed in detail. Appendices are used to clarify and amplify the activities and materials which were involved in each phase of the project.

Service Component 1: Awareness

The first set of activities undertaken by this project attempted to advertise the existence of the preschool project services available to all county residents. It was anticipated that parents would become sensitized to the importance of recognizing abnormal child development, and, if a problem were detected, the urgency of early intervention.

To accomplish these goals, a mass media advertising campaign was conducted during September and October in all daily and weekly newspapers in Montgomery County. The text of this advertisement (Appendix A) was intended to make parents aware of the I.U. as a resource agency for handicapped and suspected handicapped preschool children. Through a general news release which was disseminated, several area newspapers featured an article on the project and its goals. Several of these articles are presented in Appendix B.

Another phase of the mass media campaign was the use of informational releases through radio public service spots. These broadcasts communicated brief information about project services and provided the name and telephone number for contact at the I.U. Three spots were written by the Information Manager to fit 10, 15, and 30-second radio broadcasts. (Appendix C)

As an additional means of reaching the area target groups during the awareness campaign, an interview was arranged on the television program "Dialing for Dollars." The staff psychologist gave a seven-minute interview

presentation in which she discussed the range of preschool services available, and the focus of the project. The show was considered ideal for an informational presentation of this material, since its projected target group is women between 16 and 38, watching television during the daytime hours.

To supplement the dissemination of information about project services, a wide-based brochure campaign was launched in the Fall and reinforced by poster distribution, again in the Spring of the project year. The brochures distributed were entitled Early Warning Signs (Appendix D) and Starting Early Makes a Difference (Appendix E), and were created to alert parents to the importance of identification of problems, and the use of the I.U. as a resource at the preschool level. The language in each of these communications was kept nonthreatening and at a level easily understood by laymen. These pamphlets were widely distributed through several means. Primarily, they were disseminated through District school superintendents to be used in conjunction with the annual public school census. The parochial school sector was covered through the office of Sister Denis Edward, Archdiocesan Regional Representative. Additionally, the brochures were given to other agencies which were contacted by the Information Manager, or groups who requested such information.

In the Spring campaign, the poster advertisements were used to reinforce the brochure information, and had the "Starting Early Makes a Difference" message (Appendix F). Posters were disseminated through 40 volunteers who had been briefed concerning the nature of the services. Use was made of 12 volunteer groups such as the Boy Scouts, women's groups, and area J.C.s. Posters were displayed in high traffic areas including supermarkets, local

food stores, banks, and some medical offices or clinics.

As another facet to the awareness campaign, the Information Manager made personal visits to service agencies, nursery schools, and day care centers to explain the project services. Information concerning the ways in which the project could aid the area preschool related agencies and how these agencies could be integrated with project efforts was also communicated to approximately 50 organizations.

Although not completed in the project year, a slide series describing preschool handicapped problems and programs was initiated. Several hundred slides of program children and staff were taken, and a short presentation using these pictures with an accompanying narrative was produced. The purpose of the presentation was again to sensitize individuals to the signs of abnormal child development, as well as to show the programs offered to the various types of exceptional children.

A further aspect of the awareness and location/identification phases of the project was the initiation of contact with the local medical community. Part of the rationale behind this contact effort was to establish a public relations base in order to foster referrals from family physicians who could be a part of an early intervention program. Secondly, a high-risk register, to be established in conjunction with a local hospital, was envisioned to identify children at birth who were target groups for project services. More detailed discussion of this aspect is provided in the section on "Evaluation Results."

Service Component 2: Location, Identification, and Verification

Children eligible for project services were located through several sources including referrals by parents in response to the awareness campaign,

recommendations by I.U. staff, and area service agency or local school referrals. Appendix G provides a detailed tally of the monthly referrals of children identified throughout the program year. Initial information for each child was recorded by either the Information Manager or Case Manager at the time of initial referral contact. At that point in time, the Case Manager would also make arrangements with the parent or guardian of the child for a home visit. During this visit, the Case Manager would establish a detailed confidential history (Appendix H) which contained both family background and the child's developmental history.

After these steps for location and identification were completed, arrangements were made to schedule the child for five diagnostic evaluations: psychological, pediatric/developmental, audiological, speech and language, and visual. Parental releases for these evaluations to take place and for the release of results to a family doctor were secured before testing (Appendix I). If examination in any of these areas had been completed in the previous year, the results were substituted for the current evaluation. Additionally, if it was deemed necessary when this battery of evaluations was complete, a psychiatric and/or neurological examination would also be performed. These evaluations were performed as part of the project services and were at no cost to the parent.

The entire diagnostic process was directed by the project psychologist, who was responsible for the final verification of the child as a "child count" handicapped child, who was then eligible for additional services or referral. The integrated results of the evaluations were presented to parents, usually by the project psychologist and case manager, in a home-based feedback session, and recommendations as to further project services,

or a relevant outside service agency were made at this time.

Service Component 3: Individualized Educational Programs

For all children accepted into the project run classes, an Individualized Educational Program (IEP) was developed and implemented. Responsibility for this phase of the project was held primarily by the project psychologist, as well as the program class supervisors and teachers. Parental input on the suitability of program goals was solicited and incorporated into these individualized programs, and information from the diagnostic and staff evaluations was used to develop each child's plan.

Project CONNECT provided support services in this area by providing workshops on IEP compliance. Selected phases of development and implementation of the IEPs were covered in the two presentations given. A more detailed review of this activity phase is given in the section on "Evaluation Results."

Service Component 4: Instructional Services

Instructional services were provided to two separate consumer components during the project year. The major focus of services was preschool handicapped children, with classes run for non-categorical and also hearing impaired, 3 and 4 year olds. The second consumer group was parents interested in the area of preschool development.

Instructional services in the two non-categorical classes were under the direction of Mr. Peter Boardman. While at its inception these classes were to be non-categorical, because of the nature of referrals received, the classes were in actuality composed of primarily moderately to severely/profoundly mentally retarded children. The majority of these children had been previously served through the Montgomery Association for Retarded Citizens (MARC), which had discontinued preschool services shortly before the project

year. Therefore, creation of this type of instructional program had not been anticipated in the project proposal, but was clearly required in response to this unexpected, unfilled community need.

Approximately 20 children participated in non-categorical program classes, which were held in two half-day sessions of 2½ hours each. Classes were held at the Valley Baptist Church and the Thomas Fitzwater Elementary School. The curriculum basis of these classes was a behaviorally oriented diagnostic model. Each child had received the evaluation battery in the first six weeks of the program, and, based on these and other evaluations, an IEP was developed.

Support services for these children were provided by an occupational therapist and a physical therapist who made class visits once a week and whose services were integrated with the regular curriculum through informal conferences between the teachers and therapists. Behavioral objectives for each child, through the IEP, were developed on a short-and long-range basis, and were monitored on a continual basis to insure development in all relevant areas. At the end of the year, a developmental summary for each child was written to describe the progress made in relation to IEP and project goals.

As another phase in child services, classes for preschool hearing impaired children were continued from the previous project year, under the supervision of Mrs. Janet McBride. Approximately 10 children were served by the program, which was held in two half-day sessions at Gywn-Nor Elementary School of the North Penn School District. Speech therapy services provided by itinerant speech clinicians were also provided.

The basic program philosophy associated with this program was to provide these children with a total communication experience which would foster later school integration, both in the emotional and academic areas. Each child in

these classes had an IEP developed and, again, there was a day-to-day monitoring of the attainment of the pre-established goals. Actual curriculum activities for these classes, as well as a description of the evaluative processes, are discussed in more detail in the "Evaluation Results" section.

A third component to the services offered to preschool children was instituted later in the project year to serve the needs of children who had been identified as having communication disorders. In February, an in-home therapy program was initiated, with a therapist providing twice-a-week sessions for these children.

Instructional programs were also offered to parents of preschool children. Two separate programs were conducted; one for parents of children in the non-categorical project classes, and one providing background information to interested parents on the topic of normal preschool speech and language development.

The program for parents of children in the non-categorical classes was offered to provide a forum where specific issues and concerns could be surfaced and defined. Since the majority of these parents were dealing with children with early mental retardation characteristics, there was a commonality of interest in the groups. The sessions, conducted by Dr. Bernice Tucker, consultant to the project, were held in a series of four weekly large groups for 1 ½ hours each. This series was then followed by ten small group sessions on a bi-monthly basis. Within this program, it was hoped that an increased awareness could be developed in the parents of the types of resources available to them, and the activities and psychological support which would be introduced in the home environment to support and foster further development in the child. A report which provides detailed informa-

tion on the content and evaluation of this program is provided in Appendix J.

A second developmental parent group was conducted on the topic of normal speech and language development in early childhood. Although sponsored by this project, it was conducted through the auspices of the local school districts. Invitational letters, explaining the topic of presentation, were sent to selected districts (Appendix K), and 9 districts chose to use the program. At each participating school, a series of four, two-hour presentations were given which provided an overview of speech and language development from birth to five years. Ms. Jean Kern, Educational Advisor in Speech and Hearing, organized and presented these programs and supplemented the talks with films and tapes.

Service Component 5: Child Tracking System

A manual (paper-and-pencil) child tracking system had been instituted in the previous project year in order to establish individual information on the background, dates of evaluations, and placement of each individual child referred to the project. Since the number of children utilizing the program was expected to increase, it was thought to be desirable to computerize the system. In this way, the progress of a child, identified by milestone event points, could be tracked from initial contact to final placement. This information could also be linked with the existing data bank of information on I.U. children.

The tracking system was established and implemented as a working database management system. However, as will be discussed under the "Elimination of Gaps or Weaknesses" section, the utilization of this component was hindered by logistical problems in transferring the data from written to coded format. Efforts are being made during the current year to absorb the backlog of

children to be entered and updated into the system.

As another component of the tracking effort, school districts were informed of the numbers of preschool handicapped children which had been identified within their jurisdiction. The informational letters (Appendix L), which were sent to each district identified groups of children by age group and type of exceptionality. With this type of awareness, it was felt that the school districts could better plan their educational program demands.

In line with this project component, initial contacts were made with the medical community for the purpose of establishing a high-risk register which would be able to coordinate tracking efforts with local hospitals and medical clinics. The information, coupled with efforts in the awareness campaign, would be able to be noted early so that follow-up could be assured. This goal, as mentioned earlier, was unfortunately not successfully accomplished and will be discussed in detail later in this report.

Service Component 6: Resource Information

Throughout the project year, efforts were made to establish a base of information which could be used by professionals and interested parents in the areas of preschool special education. Areas of background information and referral resource agency descriptions were considered to be of vital interest to the program and its target group of users. Currently on file at the project location is a collection of pamphlets and descriptive literature on the various Montgomery County service agencies, which can supplement --or uniquely provide--services to the preschool handicapped child.

A second file contains information collected as a literature search pertaining to the area of preschool handicapped children. This information had been collected from various phases of the project, from the personal

agency visits made by the Information Manager, and from sources such as Regional Resources Center of Eastern Pennsylvania for Special Education (King of Prussia, Pa.), Pennsylvania Research and Information Center for Special Education (King of Prussia, Pa.), and Project CONNECT: Coordination and Outreach Network for the Needs of Exceptional Children Today,(Harrisburg, Pa.). A bibliography of these sources is to be compiled in order to be distributed to the general public.

As was discussed earlier, a slide presentation was initiated in connection with the awareness phase of the project. From this effort, approximately 800 slides were taken of program classes, children and teachers. Those slides not used in the formal presentation were catalogued and cross-referenced by type of exceptionality for easy reference by teachers preparing presentations for their own classes or parents.

Service Component 7: Management, Accountability, and Dissemination

Efforts to maintain a system of efficient program management and accountability were continually a project priority. Day-to-day efforts were made to develop a successful model of handicapped preschool education both for parent and child consumption. The majority of work in this area is discussed in the "Evaluation Results" and "Dissemination" sections of this report.

EVALUATION FRAMEWORK

The project evaluation efforts can be grouped under two main headings: internal and external. The internal evaluations are those that were voluntarily arranged and conducted by Project Staff, while the external evaluation was mandated by the Pennsylvania Department of Education's Division of Special Education and conducted by a private consulting firm, the Institute for Educational Research (IER) of Philadelphia. For purposes of discussion, the procedures can be outlined as follows:

A. Internal Evaluation

1. Formative Evaluation

a. Staff meetings

b. Ad Hoc, Small-Group Discussions

c. Use of outside consultants

d. Year-round individual efforts to debug, evaluate and change

2. Summative Evaluation

a. Descriptive data (objective)

b. Parent/Consumer opinions (structured interviews and parent reactions)

c. Staff opinions (structured interviews)

B. External Evaluations

1. Interviews with Project Staff

2. Interviews with parents

3. Project program and class observations

The external evaluations were conducted entirely from outside the project and consequently not all details are known as to how the process was

planned and conducted. Intermediate Unit staff set up an itinerary of sites to be visited, and people to be interviewed (Appendix M). In particular, the outside evaluators began by interviewing the Project Director and Assistant Project Director, and then speaking to Project Staff and also visiting classroom sites. Additionally, a workshop held with parents of children in the non-categorical class was observed.

The internal evaluation, of course, was the one that the Project Staff controlled and which was considered to be the most thorough due to the continual collection of information throughout the year. The formative evaluation process was regarded as the most useful, in that immediate implementation could be made of this information to directly change the project's operations.

The summative phase of the internal evaluation is considered to be of primary importance because it not only reflects the final status of the project but also can be considered as a type of formative evaluation to help in planning for 1977-78 project activities.

Three different types of internal, summative evaluation were utilized. First, various types of objective data were collected on different phases of the project (for instance, performance data on the children in hearing impaired and non-categorical classes and summaries of the number of parents and children served). Second, structured interviews were held with Project Staff to review all aspects of project operations. Third, parents were questioned both formally and informally as to their perceptions of the success of aspects of the project.

For both program classes, there were formal, individual evaluations of the children done through the use of the IEPs and end-of-the-year evaluative

summaries. Day-to-day evaluation of child progress was the basis of this phase of evaluation. For the hearing impaired class content criteria were developed and used to determine the individual performance of each child. The lists of criteria were broken into competencies in areas of social/ emotional, cognition, self-help, motor development, and language, as given in Appendix N.

A questionnaire was prepared to assess parent reaction to the parent discussion groups which were held throughout the year for parents of children in the non-categorical classes.

The overall, internal project evaluation was overseen by the Intermediate Unit's Coordinator of Program Evaluation Services, Dr. Barton Proger. The objective data on the hearing impaired classroom was gathered by Mrs. Kathleen Bachus, while the objective data on the parent training sessions was gathered by Ms. Jean Kern. Dr. Proger interviewed all staff members to determine their perceptions of strengths and weaknesses of the various program areas.

An auxiliary component to the evaluation framework was the use of consultants in several phases of the project. In their areas of expertise, each consultant gave insights and advice which was incorporated into the project plan. Also, the consultant was asked to comment on the operational aspects of the project as a whole, and to give any opinions as to areas which would be improved. In this double-barreled approach the use of consultants provided both formative and summative evaluation feedback. Actual comments and produced materials from these encounters are discussed under the section on "Evaluation Results."

EVALUATION RESULTS

The section on "Evaluation Framework" presented the general evaluation framework within which feedback on all aspects of the project was obtained. In this section the evaluation results are presented for each of the seven service components of the project. In this way the results of summative and formative evaluation methods that were employed throughout the year can be used to give direction to the 1977-78 program year, and provide accountability for program activities during this year.

For each service component, elements of summative and formative evaluation and their respective sub-parts are reviewed in each case where appropriate.

The reports from the two mandated, external evaluations are presented in Appendix O. A reaction/response by the Project Director to the first report is also included in this appendix. The final external report was received too late in the project year to have a written reaction formulated.

Service Component 1: Awareness

Detailed data pertaining to the numbers and frequency of the mass-media campaign have already been presented in connection with the "Major Objectives" section. The evaluative data on the effectiveness of this campaign can be surmised from the referral source tally presented in Appendix P. As can be seen, a large proportion of referrals was not directly attributed to the awareness advertising. Several reasons for this situation can be inferred. A suspicion voiced by one staff member indicated that a compounding effect could be at work,in which a person would be exposed to the poster or brochure campaigns, and secondarily this idea would be reinforced by other referral sources, which would then be named as the primary referral. Also, staff

opinions indicated that the timimg of these media presentations could have a substantial effect on public reaction, and it was suggested that a market research or public relations expert could be brought in to provide knowledge on the times where the message of project services would be most likely to be successfully received.

The staff did feel that the breadth of the awareness campaign was better during this year, compared to the first year. A suggestion was made to attempt to have more television appearances, and if possible, to create a T.V. slide to be used in visual public service spots. Because of the cost involved in the production of this slide, the effort was not deemed feasible during this project year.

As part of this year's proposal, the idea of a high-risk register, to be used in conjunction with both the awareness and tracking components of this project, was described. Ideally, this involvement with the medical community would have allowed identification at birth of those parents and children who were most probably in need of project services. Efforts in this line were made to establish formal contact with the medical community of the Norristown area and with a local community hospital. A local medical director with strong connections in community child care was selected as the consultant to establish contact and project visibility with other doctors in the area. Although several meetings with staff and project administrators were conducted, this contact person apparently was not effectively communicating with the local medical community. Negotiations with the local hospital to establish a link for a high-risk referral system were also failing to materialize through this consultant. By the time project staff were fully aware of the magnitude of the problem, the timing and situation were such

that no efforts could be made to rectify the situation.

Efforts were, however, planned for the 1977-78 year to renew contacts with other individuals in the medical community, and to establish a similar concept through other local medical institutions.

Service Component 2: Identification, Location and Verification

For the areas of identification and location, descriptive data are provided in Appendix Q on the numbers of children identified as of the end of the project year, by age and exceptionality. Staff reactions to these phases of this service component were positive. Some staff members felt that at the point of initial contact, it was vital to have parents be clear on the services that the program offered, and the limitations of what could be done. A clear fact sheet and time-line in conjunction with the phases of diagnosis and class offerings was suggested so that not unrealistic hopes were fostered at this point.

In the phase of verification (diagnosis), 162 children were evaluated during the program year. As can be seen, many more children were evaluated by the program than were actually placed in contact with programing. The nonprogramed individuals were found to be inappropriate for project classes, and were referred to other sources of service. A list of the evaluation instruments which were employed in testing the psychological and intellectual capabilities of the children is given in Appendix R.

In summarizing staff opinions of the success of this phase of operation, it was evident that many logistical problems were encountered in the completion of the five evaluations for each child identified in the location phase of service. Because of the magnitude of children considered by the project this year, consultants were employed for much of the evaluation battery. This

fact, in turn, created problems in scheduling times for parents, children, and professionals to meet for each test. Cancellations were frequent, and in the case of bad weather or unexpected parent cancellations, both were inconvenient and expensive to the project.

An additional problem with this phase of the project was the evaluation of children who were clearly not appropriate for the project's goals. A suggestion was made to suspend the scheduling of evaluations until the Case Manager and other staff members had a chance to review the individual case. In this way, a pre-selection could be effected to eliminate wasted time and consultant expenditures.

Again, because of the numbers of children being referred to the project, and the logistical considerations of scheduling, the turn-around time for a child to be diagnosed was felt to be too lengthy. It was hoped that through changes in operational methods, more efficiency could be promoted during the next program year.

Suggestions for a better evaluation program also included: the simplification of the evaluation battery to incorporate only those evaluations which seemed necessary and appropriate for each case; the use of an evaluation summary in each consultant report which could be included in the development of the child's IEP; and increased communication of evaluation results to teachers of children accepted into program classes.

Service Component 3: Individualized Educational Program

The utilization of this phase of project planning was to insure a method of individualized planning, accountability, and evaluation for each child. Aspects of both summative and formative evaluation were served through the IEP. A second utilization of this phase of operation was its

use in accountability for program results.

The IEP was the basic part of individual evaluation in terms of the preschool programs, as well as setting the program content itself for any project class child. For children in the non-categorical classes, an IEP was constructed based on his diagnostic evaluation results, as well as parent and teacher input. An example of the IEP work product is contained in Appendix S. From this baseline of expected behaviors and goals, an on-going evaluation process was used to measure expected and actual growth. When behaviors and projected goals were not in line, a more intensive assessment was conducted, and then changes were instituted where necessary. At the end of the year an evaluative summary (Appendix T) was written to provide individual evaluative information.

In the hearing impaired class situation, the IEP was part of an extensive evaluation system, as will be discussed in detail in connection with the evaluation results of the hearing impaired program. A sample IEP from this class is provided in Appendix U. Each child was continually monitored to determine if he/she was attaining the set goals. For each behavior which was accomplished, note was made so at the end of the year, summary assessment could be made of the overall growth.

The management and consultant services of Project CONNECT were utilized on two occasions during the project year to aid in the IEP program phase. No actual training or systematic technology were offered to staff during these sessions, but advice and constructive criticism were provided (Appendix V). The project staff, in evaluating this activity component, felt that full advantage was not derived from CONNECT's services for a number of reasons. Problems were also encountered by the demands made by CONNECT in

the area of cost-effective record keeping, and in the lack of consistency between the format for preschool and regular school IEPs. It is regrettable that these demands are being continued despite the time drain currently created by P.L. 94-142. However, efforts are being made during the 1977-78 project year to initiate more interaction and advice in the area of measurements and evaluations, as available through Project CONNECT.

Service Component 4: Instructional Programs

As described in Section 8, there were four components to the instructional programs: class for preschool hearing impaired, classes for non-categorical children, developmental sessions for parents of handicapped preschool children and sessions on normal preschool speech and language development. The evaluative results for each of these areas will be discussed separately in the following sections.

Class for Hearing Impaired As mentioned earlier, several evaluative methods were used in measuring success with hearing impaired children. Specifically, content objectives, Schaumberg Wheel evaluations by chart, IEPs, and a criterion-referenced checklist were utilized. From the detailed curriculum guide that was developed for this program, several behaviors and abilities were extracted as a reference point of class success. These goals are provided in Appendix W. The Schaumberg Wheel was used to determine areas of cognitive weakness within each child so that activities and lessons could be directed to these areas. A sample of a Schaumberg chart is given in Appendix X and shows the various areas which were successfully completed by that child (shaded areas), and those activity groupings which were deficient (large blocks of white). Lists of objectives in content areas are given in Appendix Y.

Staff opinions concerning the success of the program were very favorable, and it was felt that a substantial amount of progress was made with each of the children in the program. Parents were also very enthusiastic about the classes, and feedback was given on a child's performance in numerous informal parent-teacher interactions, and in several formal parent conferences.

Although no integration with normal hearing children was planned for this year's hearing impaired classes, there was an amount of spontaneous integration which occurred with the four-year-old class students. Because of scheduling coincidence, this class was exposed to a number of fifth-grade children, who early in the school year asked to be taught to sign so that they could communicate with the hearing impaired children. Ms. Kathy Bachus taught the basics of sign language and the social/cultural and emotional import of being deaf, in twenty-minute segments, to the class of fifth graders throughout the year. She identified this part of the year to be of significant importance to the hearing impaired youngsters, who through this contact felt much more a part of their surroundings.

Non-categorical Classes As was discussed in reference to the IEP phases of the project, the classes for non-categorical children utilized the IEP for formal individual evaluative feedback (Appendices S, T and U). Each child was monitored for behavior and activity accomplishments and dates of completion or the amount of mastery was noted.

In the development of the curriculum for these classes, a specialist in preschool special education, Dr. Betty Vincent, was used on a consultant basis, to provide guidelines to project staff. In her presentations, she focused on curricular development and task analysis, as well as providing both a philosophy and practical operational suggestions. Her presentations

were successful in that they drew together many approaches to the relatively new area of preschool special education. However, due to some problems in communication and coordination, staff members felt that the products and resource potential of this effort were not fully utilized. Inconsistent dissemination also hindered the information she had to offer from being used to its full potential.

Parent Development Workshops for Parents of Non-Categorical Children

Detailed descriptive data on these developmental sessions is contained in Appendix Z. The evaluation results and recommendations from this program are also included. Specifically, a questionnaire was administered with participating parents being given an opportunity to rate the program on several aspects. In general, the positive comments indicated an appreciation for the opportunity to share experiences with other parents of similar children. Weaknesses that were mentioned included a lack of structure and too much time spent on individual problems. Staff opinions in this area of program services indicated that parent involvement was very important to program functioning, and should be stressed as an integral part of the program, as well as being implemented earlier in the program year.

Preschool Speech and Language Parent Development Sessions The sessions held for interested parents on the topic of preschool speech and language development were very well organized and received. Appendix A-2 gives the numbers of parents attending each session. It was reassuring to note that the large majority of the parents attended all lectures in the series. Because of the formal nature of the presentations, no written evaluation was obtained from these participants. Some logistical problems were encountered in the arrangements that needed to be made by the districts for baby-

sitting services, refreshments, appropriate room accommodations, and janitorial services. However, such difficulties were felt to be minor.

Service Component 5: Tracking System In the previous program year efforts had been made to establish a manual (i.e., paper-and-pencil) tracking system which would consolidate information on each handicapped or thought-to-be-handicapped child identified by the project. Throughout last year this information was kept in a written form by the project staff, and although it was a successful method of information processing, it was thought that with the increased expectations of children served, a computerization of this information was necessary. To this end a computerized information management system was devised, written, and successfully established during this project year. Information contained in this system was expected to be integrated eventually with computer data already held by the Intermediate Unit at the school-age level. A sample of the sheet which contained all relevant materials to be instituted in the system for each child is given in Appendix B-2. As can be seen, the usual background information of name, age, etc., is required, as well as the dates of major milestone activities and evaluations which would provide detailed performance data for each individual. After placement recommendations were made, it was also hoped that feedback on the actions taken by parents would be included.

Although the computer programs were instituted and operational during the project year, problems were encountered in the process of coding individual information and in summarizing evaluation results into a form appropriate for computer coding. It is expected that this process will be simplified during the 1977-78 program year, and the backlog of children developed during the current program will be absorbed and entered.

Service Component 6: Resource Information

Through the efforts of the project staff, a substantial collection of information pertaining to several areas of special education preschool education was coordinated. The Information Manager spent much time and effort in gathering resource literature and information from the local service agencies which have some relation to the project areas of interest. Since this information is for use by project professionals and community individuals, it is useful in keeping people informed of relevant options and in disseminating preschool resource information. Other sources which were collected during the year are being organized and compiled into a reference bibliography, which will later be able to be disseminated to any interested party. As well, the slides collected and made available through the slide presentation can be utilized by teachers of preschool handicapped to communicate information about the resources necessary to identify and help these children.

These efforts represent a unique effort in the Montgomery County area to collect, organize, and disseminate all types of information related to preschool handicapped children, and in the sense that this information is now readily available, is a successful part of the program operation.

Service Component 7: Gather, Summarize and Report Information Efforts in this component have been on-going throughout the project year, to develop a more efficient and successful model of handicapped preschool education, both for parent and child consumption. As part of this effort, this end-of-the-year report has been developed to be comprehensive and exhaustive in its explanation of activities and purposes. The inclusion of all relevant materials which were used or produced in the project year is seen to support this composite goal. Such things as the class curricula, IEP samples, and parent

workshop content, can be viewed as a dissemination effort, and an effort to provide additional accountability for program activities.

The on-going process of evaluation of the management/accountability component provided valuable results and maintained consistency in the operations of this program. Through in-process staff meetings decisions were reached which were very responsive to program needs. Because all new directions were rationally arrived at through the group decision process, many operational and personal conflicts were avoided.

A further activity for the purpose of summarizing and disseminating program operations and results was a presentation describing the hearing impaired classes, which was given by Ms. Janet McBride at the national meeting of the American Speech and Hearing Association. The text of this presentation is provided in Appendix C-2.

As a basis for further decisions and guidelines for future program operations, several position papers were developed to reflect the attitudes of staff members of important issues. In the area of community education, Dr. Patrick Mullarny was utilized as a consultant to meet with the staff for several days in order to develop guidelines in the area of community involvement in the program. A paper from this interaction (Appendix D-2) was written and used in planning the 1977-78 program in this regard. Community education was defined in this report, and then a clarification was given as to how this concept could be applied to each basic service component. While many of the ideas given were incorporated in theory or practice during the project year, some changes which were suggested were considered to be unfeasible or not in line with project goals and priorities.

A second position paper was developed on the topic of the team approach

in the evaluation and placement of identified handicapped children (Appendix E-2). Based on group discussion of the strengths and weaknesses of the procedures then in operation, the policy of using consultants for evaluations and the procession for decision making were delineated. This policy statement was part of the formative evaluation phase, the management and accounting components, and also served as directional guidelines for 1977-78 program operations.

DISSEMINATION

This project has made a number of notable efforts to disseminate information about its services and resources. Consideration should be given at this point to the efforts made in connection with the awareness campaign, and the availability of resource information, as discussed in sections on "Activities" and "Evaluation Results." Dissemination efforts also were furthered through the use of this report and the attached materials. Professional communication has also been effected through the use of consultants to the project, and also the professional organization presentation given on the topic of the hearing impaired program (Appendix C-2).

ELIMINATION OF GAPS OR WEAKNESSES

As accomplished in the earlier project year, this program has again succeeded in coordinating operations and services for preschool special education consumer groups, as detailed under the seven project component areas.

In this current year, efforts have been made to eliminate problem areas which had been of concern in the first year of funding. Efforts were made, and were successful, in the broadening of the awareness campaign, and in the expansion of program services to both parent and child consumer groups. Improvements in the facilities for the hearing impaired classes were also introduced in response to the recommendations from last year.

APPENDIX A

NEWSPAPER ADVERTISEMENT

MONTGOMERY COUNTY INTERMEDIATE UNIT
Special Education Center
1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

50.1

BONNIE E. CARR, INFORMATION MANAGER
TITLE VI - PRESCHOOL PROJECT

DATE OF RELEASE: 9/13/76

WE CAN HELP YOUR PRESCHOOL HANDICAPPED CHILD!

We offer free diagnostic testing and evaluation

and can help in planning for an

appropriate educational program for your child.

If you think your child has a special need call:

THE MONTGOMERY COUNTY INTERMEDIATE UNIT

539-8550, Ext. 262

BONNIE E. CARR

The "I.U." is a public school agency.

SPECIAL EDUCATION-RED LINE COMMUNICATION

APPENDIX B

NEWSPAPER NEWS ARTICLES

Program offers handicapped children new chance in life

Cindy Wilson could not walk up and down stairs when she was a 3-year-old. She frequently rubbed her eyes complaining they hurt, and disliked playing alone with toys, pots and pans and her sandbox.

By the time she was 4, Cindy could not balance herself on one foot and when she spoke she talked in an unusually loud voice.

Sound like a typical, healthy child?

For years parents believed the physical and tempermental characteristics of a child like Cindy, a fictitious person, were merely personality quirks which would be ironed out as the child became older.

"She'll grow out of it," and "that's just part of her nature, her personality," parents have readily replied, rationalizing unknowingly for physical and mental handicaps.

Impairments in a child like Cindy often go unnoticed until school administrators discover the problems. But by then the child is nearing 6-years of age and the condition has become so ingrained it often results in a life-long handicap.

The Montgomery County Intermediate Unit has developed a special education program, which offers free diagnostic testing and evaluation for a child like Cindy.

"It's geared to the pre-school child," said Bonnie Carr, information manager. "Many children born with or who have acquired conditions which handicap their growth, can be helped or completely corrected if parents recognize the problem early and seek aid."

"It's the failure to recognize and deal with the problem early that results in an unnecessary life-long handicap," she emphasized.

The federally funded program is offered free to parents or guardians throughout the county, Miss Carr said. "If a parent believes the child has even the slightest problem he or she should contact the unit. We'll set up an appointment to learn more of the child's background and, if needed, set up a battery of tests," she added.

The testing can take place in the home or at a school in which the child is enroled, the information manager continued. "The family and the child will be consulted by a school psychologist and a speech therapist to determine any other testing for the child. In all, it's very individualized."

Miss Carr stressed the program also encompasses a referral service. "If the child requires services which are unavailable through the unit we'll make arrangements with other agencies," she said.

"Some programs are free, others depend on the agency and the type of service needed."

The intermediate unit offers three pre-school programs' one for children with hearing impairments and two classified as non-categorical. Both are operated with no cost to the parents.

Although two children from the Pottstown area are currently enrolled in the program, most of the children come from other areas of the county.

"Most people are not aware of the services," said Case Manager David Shiery. "Even with the lack of publicity we have been able to identify more than 250 children in the county through phone calls and different school systems."

Shiery, who holds a master's degree in social work and is a parent, said members of the unit have visited 130 families this year. "We usually can't help the child unless the parents respond," he added.

The non-categorical program is in its second year, but this is the first year there was enough money available for the unit to offer the extensive services, according to Miss Carr.

Classes are offered in Plymouth and Upper Dublin Townships, consisting of two half-day sessions five days a week 9:30 to 11:30 a.m. and 1:30 to 3:30 p.m.

The hearing impairment program is in its sixth year, according to Miss Carr.

"Through the use of total communications, said Mrs. Jane McBride, supervisor of the hearing services, "language skills are deveolped."

Mrs. McBride has a master's degree in speech and language pathology. "This is the first time we have offered the program in a public school," she noted. "Children can now have verbal stimulation from students their own ages."

The supervisor added parents are given the chance to attend weekly sign language courses and learn all the aspects involved with hearing losses.

"The intergrated environment has been quite helpful," Mrs. McBride continued. "The hearing impairment course is given next door to children from the fifth grade. In turn the fifth graders are learning sign language and are communicating between classes and at the playground."

Classes are being offered at Gwyn-Nor Elememtery School, North Wales.

The administrators of the Montgomery County Intermediate Unit Special Education Programs have prepared a brochure listing early warning signs which spell out unusual behavior or possible physical problems of a child.

Montco IU Offers Free Testing for Handicapped Children

If your pre-school child is often unable to locate and pick up small objects which have been dropped,

If he does not respond to you when you call from another room,

If he cannot repeat common rhymes or television jingles by the age of 3,

It's possible he may have been born with or acquired a mental or physical handicap.

The Montgomery County Intermediate Unit is trying to locate such pre-school children in the county.

It is offering free diagnostic testing for pre-school children with mental or physical handicaps, and will make recommendations to the parents on what programs may help.

"Through early intervention," said Bonnie Carr, the unit's information manager, "some of the problems which crop up later can be prevented."

The intermediate unit is a liaison between the county's 29 school districts and the state board of education, and is federally funded through Title 6 of the Education for the Handicapped Act to identify area handicapped children.

Since the identification program's beginning in July, 1975, the unit has worked with 250 children. It had 27 referrals in August.

The unit operates three schools for handicapped children: for the hearing impaired in Lansdale, and two "non-categorized" schools in Plymouth Valley Baptist Church and the Fitzwater Elementary School in Abington.

"Not only do the testing and the programs help to prevent some of the problems, but they also help the child to get a little ahead of the game, to prepare him for what's ahead in school," said Mrs. Carr.

She added she can accept referrals only from the parents or legal guardian of the children, not from the school districts.

"When parents ask us for help, a case manager will visit them, usually within two weeks, to consult with the parents and get the child's history. The parents will also meet with a child psychologist.

"With the permission of the parents, the child will be given the diagnostic tests, and the psychologist will make recommendations at a conference with the parents on what the child needs."

Mrs. Carr repeated that all the unit's testing, and its programs, are free, as are most of the other programs for the handicapped in the county.

Those which are not free, she added, usually have a sliding fee scale.

The unit also offers a pamphlet entitled "Early Warning Signs," which includes some of the more common indications that a problem may exist.

The pamphlet is free by contacting Mrs. Carr at 539-8550. Other county intermediate units also have the same information, which can be received by calling the units' information managers.

APPENDIX C

RADIO ANNOUNCEMENTS

MONTGOMERY
COUNTY INTERMEDIATE
UNIT

10-Second Spot Announcement
Use October 25-November 30
Bonnie E. Carr, Information Mgr.

The Montgomery County Intermediate Unit can help you find programs that will help your preschool handicapped child.

If you live in Montgomery County, call

539-8550, Ext. 262

MONTGOMERY
COUNTY SPECIAL EDUCATION CENTER • 1605 W. MAIN ST. • NORRISTOWN, PA. 19401 • (215) 539-8550
INTERMEDIATE
UNIT

15-Second Spot Announcement
Use October 25-November 30
Bonnie E. Carr, Information Mgr.

If you live in Montgomery County and think that your preschool child may have a growth or learning problem, call the Montgomery County Intermediate Unit for information about free testing and evaluation.

Call 539-8550, Ext. 262

The I.U. is a public school agency.

MONTGOMERY
COUNTY SPECIAL EDUCATION CENTER • 1605 W. MAIN ST. • NORRISTOWN, PA 19401 • 275-5000
INTERMEDIATE
UNIT

30-Second Spot Announcement
Use October 25-November 30
Bonnie E. Carr, Information Mgr.

PARENTS - Start early to help your preschool handicapped child. If you live in Montgomery County and think your child has a growth or learning problem, call the Montgomery County Intermediate Unit for information about free testing and evaluation. We can help you find the educational programs that can help your child NOW!

Call 539-8550, Ext. 262

The I.U. is a public school agency.

APPENDIX D

EARLY WARNING BROCHURE

MOTOR DEVELOPMENT

If Your Child . . .

- Is unable to sit up without support by age 1
- Cannot walk without help by age 2
- Does not walk up and down steps by age 3
- Is unable to balance on one foot for a short time by age 4
- Cannot throw a ball overhand and catch a large ball bounced to him/her by age 5

HEARING

If Your Child . . .

- Does not turn to face the source of strange sounds or voices by six months of age
- Has ear aches or running ears
- Talks in an unusually loud voice
- Does not respond when you call from another room
- Turns the same ear toward a sound he/she wishes to hear

Who Can Help . . .

If you suspect that your child may have special needs, talk with your family doctor, your public health nurse, or other professionals in the field. Don't hesitate to call their attention to and ask their advice about what you feel may be unusual behavior or a possible physical problem of your child.

No matter where you may live, there are parent organizations and public agencies which will assist you if your child has special needs. People working in your local health department and your public schools can often put you in touch with those who are best able to help you.

REMEMBER, the earlier you recognize your child's special needs and seek professional help, the greater the possibility that your child can be helped to overcome the problem.

HELP

us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Mongtomery County. The intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS

for further information please call

539-8550, Extension 262

Supported thru Title VI, EHA Part B Funds

Executive Director	Dr. Dennis Harken
Director of Special Education	Dr. Lester Mann
Project Director	Dr. Robert Leiss
Coordinator of Federal Programs	Dr. Barton Proger
Case Manager	Mr. David Shiery

PARENTS:

Early Warning Signs

Montgomery County Intermediate Unit
Special Education Programs
Serving children through your local school district

TAKE A MINUTE TO READ THIS!

EARLY WARNING SIGNS

YOUR CHILD MAY HAVE A SPECIAL NEED

Many children are born with or may acquire physical and/or mental conditions which handicap their normal growth and development. Fortunately, many of these conditions can be helped or completely corrected **IF** parents recognize the problem early and seek help. Failure to recognize and deal with a problem early may result in an unnecessary life-long handicap.

The following EARLY WARNING SIGNS are **some** of the more common indications that a problem **may** exist. If for any reason you suspect that your child may have special needs, we urge you to seek help immediately – don't wait until your child enters school before you begin to deal with the problem.

VISION

If Your Child . . .

- Is often unable to locate and pick up small objects which have been dropped
- Frequently rubs eyes or complains that eyes hurt
- Has reddened, watering or encrusted eyelids
- Holds head in a strained or awkward position (tilts head to either side – thrusts head forward or backward) when trying to look at a particular person or object.
- Sometimes or always crosses one or both eyes

TALKING

If Your Child . . .

- Cannot say "Mama" and "Dada" by age 1
- Cannot say the names of a few toys and people by age 2
- Cannot repeat common rhymes or T.V. jingles by age 3
- Is not talking in short sentences by age 4
- Is not understood by people outside the family by age 5

ADJUSTMENT

If Your Child . . .

- Does not play games such as peek-a-boo, patty cake, waving bye-bye by age 1
- Does not imitate parents doing routine household chores by age 2
- Does not enjoy playing alone with toys, pots and pans, sand, etc. by age 3
- Does not play group games such as hide-and-seek, tag-ball, etc. with other children by age 4
- Does not share and take turns by age 5

THINKING

If Your Child . . .

- Does not react to his/her own name when called by age 1
- Is unable to identify hair, eyes, ears, nose and mouth by pointing to them by age 2
- Does not understand simple stories told or read by age 3
- Does not give reasonable answers to such questions as "What do you do when you are sleepy!" or "What do you do when you are hungry?" by age 4
- Does not seem to understand the meanings of the words "today," "tomorrow," "yesterday" by age 5

APPENDIX E

STARTING EARLY BROCHURE

Upon reaching school age, you should register your child in your local school district. Even though you've received direct I.U. services for your child as a preschooler, *all* requests for educational services for your *school-age* child must be made through the school district. (Referrals to the I.U. for school-age children can only come from the local school district.)

The Intermediate Unit is a public school agency and is one of three parts in the state's system of public education: local school district, intermediate unit, State Department of Education. The Montgomery County Intermediate Unit provides consultative, advisory and educational services to the twenty-two school districts throughout Montgomery County.

Dr. Dennis Harken
Executive Director

•

Dr. Lester Mann
Director of Special Education

•

Dr. Robert Leiss
Project Director

The Preschool Project is supported through Title VI, Part B, EHA

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MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER

1605-B West Main Street
Norristown, Pennsylvania 19401
Phone: 539-8550

STARTING EARLY MAKES A DIFFERENCE!

66

78

Starting early makes a difference!
If you think your preschool child has a growth or learning problem, the Montgomery County Intermediate Unit (I.U.) has free services that can aid your child and you *now*.

A primary concern at the I.U. is to identify all preschool handicapped children within Montgomery County. The I.U. Preschool Project can help you determine *if* a problem does exist and can assist in planning for your child's educational future.

You will have the opportunity to meet with a Case Manager who can explain the various services provided through the Title VI Preschool Project. In addition, the Case Manager will ask you for important background information about your child. This information will be reviewed confidentially, with a certified school psychologist who will then recommend what special tests your child should have. An important aspect of the project is to provide free diagnostic testing and evaluation. Tests for your child might include speech, hearing or vision screenings, pediatric, psychological or neurological examinations. Based on test results, the I.U. staff will recommend programs they think will be most helpful for your child during his preschool years. Children are referred to programs under the responsibility of the Intermediate Unit or to programs in a community agency, a medical facility or a private preschool.

Through this project the I.U. can track each preschool handicapped child identified and follow the child's service and educational progress. The information in the Project files is confidential and can be released to other schools and professionals only with your written permission.

For preschool services, parents or legal guardians should contact the I.U. directly. Call 539-8550, Extension 262.

APPENDIX F

STARTING EARLY POSTER

Starting Early Makes A Difference!

If you think that your preschool-age child has
a growth or learning problem, the Montgomery County Intermediate Unit has *FREE* services that can help your child and you *NOW*.
The I.U. offers to children, ages 0-5 years,
a series of free tests to determine if a problem *does* exist. The I.U. can assist you in finding the special services your child may need.

For more information call:
The Montgomery County Intermediate Unit Preschool Services
Phone: 539-8550, Ext. 262

MONTGOMERY COUNTY
INTERMEDIATE UNIT
1605-B West Main Street • Norristown, PA • 19401

The I.U.

APPENDIX G

MONTHLY REFERRAL TALLIES

PRESCHOOL [redacted] AUGUST, SEPTEMBER, OCTOBER 1976

AGE LEVEL	STATE APPROVED PRIVATE SCHOOL											UNDERSERVED										UNSERVED									
	MR			PH	BI	VI	HI	S & LI	S & EI	MH		MR			PH	BI	VI	HI	S & LI	S & EI	MH	UNDETER-MINED	MR			PH	BI	VI	HI	S & LI	S & EI	MH	UNDETERMINED
	TMR	EMR	PROF									TMR	EMR	PROF									TMR	EMR	PROF								
0 - 1																							1									
1 - 2												1			1															1			
2 - 3															1								1	11						1111			11
3 - 4												1				11			111			11					1			1111 11			11
4 - 5								1							1				111 11			11								111 111			
5 - 6												11							1		1	1											
6 - 7				1			1																										
7 - 8									1																								
8 & OVER																																	
				1			1	1	1			4			3	2			9		1	5	2	2		1				17			4

HEARING IMPAIRED - LANSDALE PROGRAM

J. McBRIDE - TOTAL _____

1 B.D. Unknown

54

Total = 55

TITLE VI PRESCHOOL PROJECT REFERRALS: December 1976

AGE LEVEL	STATE APPROVED PRIVATE SCHOOL											UNDERSERVED										UNSERVED									
	MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.		MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.	UNDETERMINED	MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.	UNDETERMINED
	TMR	EMR	ST									TMR	EMR	ST										TMR	EMR	ST								
0 - 1																																1	1
1 - 2												1																					
2 - 3																			1														
3 - 4									1				11						1	1													1111
4 - 5																					1												1
5 - 6																			11														
6 - 7																																	
7 - 8																																	
8 & OVER																																	
TOTAL =									1			1	2						4	1	1								1	5		1	6

TOTAL REFERRALS 23

Esc.

Dr. R. H. Lusk

TITLE VI PRESCHOOL PROJECT REFERRALS: December, 1976

AGE LEVEL	STATE APPROVED PRIVATE SCHOOL											UNDERSERVED											UNSERVED										
	MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.		MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.	UNDETERMINED	MR			PH	BI	VI	HI	S & LI	S & EI	OTHER HEALTH IMP.	UNDETERMINED
	TMR	EMR	ST									TMR	EMR	ST										TMR	EMR	ST								
0 - 1																																
1 - 2										1																						
2 - 3																														1		
3 - 4																			11											1		
4 - 5					1											1			1			1								1	1		
5 - 6																																
6 - 7																																
7 - 8																																
8 & OVER																																
TOTAL =					1					1						1			3			1								3	1		

TOTAL REFERRALS 11

74

BOB.

TITLE VI PRESCHOOL PROJECT

Referrals Received JANUARY 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1	1											1
1 - 2				1								1
2 - 3				1				III			1	5
3 - 4	1		1		~~IIII~~			III				11
4 - 5			1		1			~~IIII~~			III	10
5 - 6									1			1
6 - 7												
7 - 8												
8 & Over												
TOTAL	2		2	2	6			12	1		4	29

TITLE VI PRESCHOOL PROJECT

Referrals Received February 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2												
2 - 3											//	2
3 - 4					/			///// //			/////	13
4 - 5								/			//	3
5 - 6								/			////	5
6 - 7												
7 - 8												
8 & Over												
TOTAL					/			9			13	23

TITLE VI PRESCHOOL PROJECT

Referrals Received MARCH, 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2											1	1
2 - 3	1				1			1			1	4
3 - 4					1	11		1111			1	8
4 - 5					1		11	~~1111~~ 1	1		1111	~~19~~ 15
5 - 6				1	1		1					3
6 - 7												
7 - 8												
8 & Over												
TOTAL	1			1	4	2	3	10	1		7	~~29~~ 30

TITLE VI PRESCHOOL PROJECT

Referrals Received April 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2				1						1		2
2 - 3							1				1	2
3 - 4								IIII				4
4 - 5								II			IIII	6
5 - 6								1				1
6 - 7												
7 - 8												
8 & Over												
TOTAL				1			1	7		1	5	15

Dr. Leiss

TITLE VI PRESCHOOL PROJECT

Referrals Received May 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2											11	2
2 - 3												
3 - 4					11		1	11			1	6
4 - 5								~~IIII~~			111	8
5 - 6					1			1		1	1	4
6 - 7												
7 - 8												
8 & Over												
TOTAL					3		1	8		1	7	20

79

TITLE VI PRESCHOOL PROJECT

Referrals Received June 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1	/											/
1 - 2												
2 - 3								/				/
3 - 4					/			////	/		//	8
4 - 5								////			//	6
5 - 6						/					////	5
6 - 7												
7 - 8												
8 & Over												
TOTAL	/				/	/		9	/		8	21

Dr. R. Leiss

TITLE VI PRESCHOOL PROJECT

Referrals Received July 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2												
2 - 3							1					1
3 - 4					1		1	11			1	5
4 - 5	1					1		1	1			4
5 - 6								1			1	2
6 - 7												
7 - 8									1			
8 & Over												
TOTAL	1				1	1	2	4	1		2	12

81

Dr R Lewis

TITLE VI PRESCHOOL PROJECT

Referrals Received AUGUST 1977

Age Level	PRESUMED DISABILITY AREAS											
	TMR	EMR	SMR	PH	BI	VI	HI	SI	S+EI	Other Health Impaired	Undetermined	TOTAL
0 - 1												
1 - 2												
2 - 3	1				I		1	III				6
3 - 4					III			1			III	7
4 - 5					IIII			II			1	7
5 - 6												
6 - 7												
7 - 8												
8 & Over												
TOTAL	1				8		1	6			4	20

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APPENDIX H

CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

NAME OF PERSON FILLING OUT THE FORM: _____ DATE: _____

RELATIONSHIP TO CHILD: _____ SCHOOL DISTRICT _____

1 IDENTIFYING DATA:

Child's full name _____ Sex _____ Birthdate _____

Address _____ _____
Number & Street Apt No. City State Zip

Father's name _____ Age _____ Mother's name _____ Age _____
His address _____ Her address _____

His phone: Home _____ Work _____ Her phone: Home _____ Work _____
Place of work _____ Place of work _____
Type of Job _____ Type of Job _____

Guardian's name (Only if child is living in different residence than parents)

_____

Source of referral to Intermediate Unit _____
Date of referral to Intermediate Unit _____

All persons residing in the home (brothers, sisters, other relatives, boarders, etc.)

NAME & RELATIONSHIP:	BIRTHDATE:

Marital Status: single - married - divorced - separated - widowed

Age of child when separation(s) divorce(s) occurred _____

How often does child see him/her _____

Family physician _____ Phone _____

Person to contact in case of emergency _____
Name and relationship Phone

II PREGNANCY AND BIRTH:

1. Planned _____ Wanted _____ Age of mother at child's birth _____

2. Did mother have any bleeding during pregnancy? Yes _____ No _____
Illness during pregnancy? Yes _____ No _____
Medication during pregnancy? Yes _____ No _____
Falls or accidents? Yes _____ No _____
Hospitalizations? Yes _____ No _____
Bed rest at home? Yes _____ No _____
If yes is checked for any of the above, describe _____

3. Was pregnancy Full term _____ Premature _____ Birth weight _____
Labor induced _____ Length of labor _____ Drugs administered _____

4. Describe type of delivery (normal, forceps, cesarean, breech presentation, etc.)

5. After delivery, was baby in oxygen? Yes _____ No _____
Did child breathe on his/her own? Yes _____ No _____
Was child released with mother from hospital? Yes _____ No _____
Were parents or doctor aware of any problems at birth? Yes _____ No _____
If yes, describe _____

6. Did the child require any medical attention or hospitalization during the first few months? Yes _____ No _____. If yes, explain why and where _____

7. Was mother ill after delivery? Yes _____ No _____
Was mother hospitalized? Yes _____ No _____
If yes, describe _____

III DEVELOPMENTAL MILESTONES:

1. Pediatrician _____ Phone _____

2. Feeding: Bottle _____ Breast _____ Weaned: Yes _____ No _____ At what age _____

Feeding problems: Yes _____ No _____ If yes, describe _____

_____

Methods used if child did not eat _____

_____

Did child have colic during first few months? _____

Did child gain weight at normal rate? _____

Present Eating Skills: Circle the number of the one statement that best fits your child:

1. Feeds self adequately to eat in restaurant or friend's home
2. Feeds self adequately to eat in own home
3. Feeds self poorly (messily, or with considerable spilling)
4. Needs assistance in feeding
5. Fed by others

3. Does child use utensils to feed self? Yes ____ No ____ Finger fed: Yes ____ No _____

4. Did child have sleeping problems during first year? Yes _____ No _____

If yes, describe _____

_____

5. How would you describe your child in the first few months? Active ____ Demanding ____

Quiet _____ Content _____ Irritable _____

6. Does the child sit up with support?	Yes ____ No ____	At what age? _____
sit without support?	Yes ____ No ____	At what age? _____
cannot sit at this time	Yes ____ No ____	At what age? _____
7. Does the child stand with support?	Yes ____ No ____	At what age? _____
stand without support?	Yes ____ No ____	At what age? _____
cannot stand at this time	Yes ____ No ____	At what age? _____
8. Does the child walk with help?	Yes ____ No ____	At what age? _____
walk without help?	Yes ____ No ____	At what age? _____
cannot walk at this time	Yes ____ No ____	At what age? _____
9. Does the child begin to speak words?	Yes ____ No ____	At what age? _____
speak sentences?	Yes ____ No ____	At what age? _____
cannot speak at this time	Yes ____ No ____	At what age? _____

Instructions: Circle the number of the one statement that best fits your child:

Speech Skills - Part I

1. Communicates difficult verbal ideas, appropriate to child's age
2. Communicates in simple sentences, appropriate to child's age
3. Uses a few words only, appropriate to child's age
4. Communicates in sounds and/or gestures, appropriate to child's age
5. Does not communicate any information, appropriate to child's age

0 Unknown

Speech Skills - Part II

1. Understandable by non-family members
2. Somewhat difficult to understand
3. Hard to understand
4. No understandable speech, but jabbers
5. Makes no sound

0 Unknown

Comprehension Skills

1. Understands difficult verbal communication
2. Understands simple verbal communication
3. Understands simple phrases or words
4. Responds to gestures and/or signs
5. Does not respond to verbal or gestural communication

0 Unknown

Supplemental Information - Language spoken in the home

1. Speaks or understands English only
2. Speaks or understands foreign language only
3. Is bilingual or multilingual (speaks more than one language)

0 Unknown

Vision (without glasses)

1. No difficulty in seeing
2. Some difficulty in seeing
3. Great difficulty in seeing
4. No usable vision
5. Wears glasses _____ Prescription by _____
6. Date of eye examination _____ Examined by _____

0 Unknown

Hearing (without hearing aid)

1. No difficulty in hearing
2. Some difficulty in hearing
3. Great difficulty in hearing
4. No usable hearing
5. Audiological examination administered by _____
   Date _____ Wearing hearing aid _____ Make-Model _____
0. Unknown

Arm-Hand Use

1. Full use (both hands and arms)
2. Requires some help
3. Requires much help
4. No use

0 Unknown

Walking Ability

1. Walks unassisted. Yes _____ No _____
2. Can climb steps. Yes _____ No _____
3. Walks with crutches, cane, etc. Yes _____ No _____
4. Wears braces. Yes _____ No _____
5. Cannot walk. Yes _____ No _____

Transportation

1. Can child enter and leave a vehicle without assistance? Yes _____ No _____
2. Can child ride at least one hour in a vehicle without being uncomfortable?
   Yes _____ No _____
3. Does child sit in an upright position in vehicle? Yes _____ No _____

Paralysis

1. Child is paralyzed. Yes _____ No _____

   If yes, Mildly _____ Moderately _____ Severely _____

10. Is the child bowel trained? Yes _____ No _____ At what age? _____

11. Is the child dry day and night? Yes _____ No _____ At what age? _____

12. Has the child ever returned to wetting or soiling? Yes _____ No _____ If Yes, describe the problem _____

_____

_____

Instructions: Circle the number of the one statement that best fits your child

Toilet Training

1. Independent use of toilet
2. Makes toilet needs known, but needs some assistance
3. Partially trained (responds if taken to toilet at scheduled intervals, but some untidiness)
4. Not trained at all

If not toilet trained:

1. Training not yet begun
2. No response to training

0 Unknown

IV MEDICAL HISTORY:

1. Did the child ever have a high fever with or without convulsions for a prolonged period of time? Yes _____ No _____ If yes, describe _____

_____

_____

2. Did the child ever have any unusual "spells or seizures"? Yes ____ No ____ If yes, describe _____

_____

_____

3. Was the child ever unconscious? Yes _____ No _____ If yes, describe the incident and tell how long the child was unconscious _____

_____

_____

4. Is the child currently receiving on-going medical treatment? Yes ____ No ____ If yes, describe the treatment and give the doctor's name _____

_____

5. Has the child ever been hospitalized? Yes _____ No _____ If yes, explain why and where. Also, give the doctor's name _____

_____

_____

_____

_____

Child's reaction to the hospitalization: _____

_____

6. Did your child receive the following immunizations (baby shots):

			Date of Age
D.P.T. (Triple Shot)	NO	YES	_____
Polio: Shots (salk) by mouth (sabin)	NO	YES	_____
Measles vaccine	NO	YES	_____
German measles (Rubella) vaccine	NO	YES	_____
Mumps vaccine	NO	YES	_____
Tuberculin Test	NO	YES	_____
Smallpox vaccination	NO	YES	_____
Was he/she sick after any of the shots	NO	YES	SPECIFIC _____

7. Illnesses and Injuries

	Type:	Age:	Duration:	Severity:
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____

8. Does child have any allergies (food, medicines, pollen, dust, etc.) Yes _____ No _____
If yes, describe reactions _____

_____

9. Medications:

	Type:	Age:	Duration:	Child's Reaction:
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____

10) Does your family have a history of:

Visual defect	_____	Heart trouble	_____
Speech defect	_____	Diabetes	_____
Hearing defect	_____	Bronchial disorders	_____
Cerebral Palsy	_____	Mental Illness	_____
Muscular Dystrophy	_____	Tumors	_____
Tuberculosis	_____	Inherited Conditions	_____
Muscular Weakness	_____	Birth Defects	_____
Epilepsy, Convulsions	_____	Other	_____

If yes to any of the above, describe & name relationship to child _____

_____

V EDUCATIONAL HISTORY:

1. List schools and type of educational placement the child has attended and years in each grade (include nursery school & kindergarten) _____

_____

_____

_____

_____

2. How do you feel problems started? _____

_____

_____

3. What do you think are your child's major problems? _____

_____

_____ Age of child _____

4. What do you think your child does best? _____

_____

_____

5. In what areas do you feel you need help?

Medical evaluations	NO	YES
Child's care at home	NO	YES
Adjustment of the child	NO	YES
Planning for long-term care	NO	YES
Planning for education	NO	YES

Other (Specify _____)

6. What do you think should be done about these problems? _____

_____

Does your husband/wife agree? _____

_____

- 9 -

Instructions: Circle the number of the one statement that best fits your child:

On what educational level do you think from your observation experience?

Reading:

1. Reads and comprehends newspapers and/or simple stories
2. Reads and comprehends simple sentences and/or instructions
3. Recognizes practical words and signs ("Stop!", "Exit", "Men", etc.)
4. Can identify most letters of the alphabet
5. Can identify few or no letters of the alphabet
6. Recognizes some trademarks or signs (e.g., cereal packages)
7. Does not recognize any signs or symbols

0 Unknown

Writing:

1. Writes sensible and understandable letters
2. Writes short notes or sentences
3. Writes or prints ten words
4. Writes or prints own name, few words
5. Prints or writes letters of the alphabet
6. Cannot print or write any letters of alphabet

0 Unknown

Number Concept:

1. Counts thirty or more objects
2. Mechanically counts ten objects
3. Handles "number situations" up to four (including "taking away")
4. Discriminates between "one" and "many" or "a lot"
5. Has no understanding of numbers

0 Unknown

Arithmetic Skills:

1. Can add and subtract simple fractions
2. Can multiply and/or divide simple numbers
3. Can and/or subtract simple numbers
4. Can recognize numbers
5. Cannot recognize numbers

0 Unknown

VI SOCIAL FUNCTIONING:

1. Describe child's favorite activity and approximate time spent on it per day: _____

_____

_____

_____

2. Describe child's relationship with:

Parents _____

Other adults _____

Brothers & sisters _____

Other children _____

3. How does child play with other children in neighborhood? _____

_____

_____

_____

4. Does child play with friends his age? Yes _____ No _____ If no, are his friends older or younger? _____

5. Does child wait for children to come to his house or does he go out to seek the company of others? _____

6. Does child play with one or two "best friends"? _____

7. Name child's favorite TV programs _____

_____

8. Does child have nightmares?

nearly every night _____

once per week _____

once per month _____

less frequently _____

When this happens, can child get back to sleep or does he remain upset? _____

_____

Does child share bedroom with other persons? Yes _____ No _____ Relationship _____

9. How does your child respond to learning? _____

_____

10. What activities does your family do together? _____

_____

_____

_____

_____

11. Has the child had any experiences away from home or family--overnights or longer? _____

12. Does the child have any trouble riding in school busses and cars? Yes _____ No _____
If yes, describe _____

13. Family stresses of which you are aware: _____

14. What frustrates the child? _____

15. What things frighten the child? _____

16. With which parent does the child best relate when "something goes wrong"? _____

17. Describe how discipline is handled in the home by each adult?

Mother _____
Father _____
Other _____

18. Is your child aware of his/her handicap and if so, what is his or her attitude towards the problem? _____

19. How does the family react to the child with the handicap? _____

Instructions: Circle the number of the one statement that best fits your child:

Interactions with others:

1. Interacts cooperatively and/or competitively with others
2. Interacts with others for at least short periods of time e.g., showing or offering toys, clothing or objects
3. Interacts with others imitatively with little interaction
4. Is completely unresponsive to others

0 Unknown

Participation in group activities:

1. Initiates group activities (leader and organizer)
2. Participates in group activities spontaneously and eagerly (active participant)
3. Participates in group activities if encouraged to do so (passive participant)
4. Does not participate in group activities

0 Unknown

Responsibility:

1. Very conscientious and assumes much responsibility, makes a special effort; the activity will always be performed.
2. Usually dependable - makes an effort to carry out responsibility; one can be reasonably certain that the activity will be performed.
3. Unreliable - makes little effort to carry out responsibility; one is uncertain that the activity will be performed.
4. Not given responsibility - is unable to carry out responsibility at all.

0 Unknown

Initiative:

1. Prefers to select his own activities if permitted
2. Asks if there is an activity for him to do
3. Sits all day if not directed to do an activity
4. Will not do any assigned activity

0 Unknown

Time Concept:

1. Associates time with various actions and events
2. Understands relationship between day, week and month
3. Understands time intervals, e.g., between "3:30" and "4:30"
4. Can tell time by clock correctly
5. Discriminates between day and night
6. Has no concept of time

0 Unknown

Money Handling:

1. Is able to use banking facilities
2. Makes change correctly, but does not use banking facilities
3. Adds coins of various denominations, up to one dollar
4. Uses money, but does not make change correctly
5. Realizes money has value, but does not use money
6. Has no idea of the value of money

0 Unknown

Errands:

1. Can go to several shops and specify different items
2. Can go to one shop and specify one item
3. Can be sent on an errand for simple purchasing without a note
4. Can be sent on an errand for simple purchasing with a note
5. Cannot be sent on errands

0 Unknown

Dressing Ability:

1. Dresses self completely
2. Requires little assistance
3. Requires much assistance
4. Must be completely dressed

0 Unknown

Grooming:

1. Keeps self clean when reminded to do so
2. Needs assistance to keep self clean
3. Must be kept clean by others

0 Unknown

Type of Behavior:

Physical violence - Attacks other individuals

1. Yes
2. No

0 Unknown

Type of Behavior:

Physical violence - Self-destructive

1. Yes
2. No
0 Unknown

Physical violence - Destroys property

1. Yes
2. No
0 Unknown

Hyperactive - Constantly talking and/or in motion

1. Yes
2. No
0 Unknown

Withdrawn - Sometimes seems unaware of surroundings

1. Yes
2. No
0 Unknown

18. Will you become involved with the child's program? (Attend meetings, conferences, be available for discussions) _____

19. Please list all physicians, therapists, specialists, special schools, psychologists or other agencies who have worked with the child:

_____

_____

_____

20. What have they told you about your child's problems? _____

_____

_____

_____

21. Suggestions on what you were told--Did you follow through on the suggestions? _____

_____

_____

If not, why? _____

_____

_____

(Parent's Signature)

APPENDIX I

PARENTAL RELEASE FORMS

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA. 19401 • 215-539-8550

DATE: _____

We give permission for the Montgomery County Intermediate Unit during the 1977-78 school year for verbal or written permission to obtain a Confidential Child Developmental History on our child

_____.

This information is important to us in providing appropriate services for your child at the present time. We will keep this information on file to plan for your child's education in the future.

We also give permission for other Montgomery County Intermediate Unit staff members to contact you for gathering other information in the future during the 1977-78 school year.

_____
(Signature)

RELATIONSHIP: _____

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA. 19401 • 215-539-8550

Date_____

_____

_____

_____

Dear _____:

_____has referred _____ to our agency for a diagnostic evaluation to determine if the child is having any difficulties at this time and to help develop an appropriate educational program.

To help us, we would appreciate from you a short summary of the child's medical history. Note below _____did give his/her permission for the release of this information.

Note below _____has given his/her permission for our reports to be sent to your office after completion of evaluations.

Should you have any questions or comments, please feel free to contact me at 539-8550, ext. 261.

Sincerely yours,

David R. Shiery

David R. Shiery, M.S.W.
Case Manager, Preschool Services

DRS/mcm

_____ I hereby grant my permission for _____ to release medical information on my child.

_____ I hereby deny my permission for _____ to release medical information on my child.

_____ I hereby grant my permission for Montgomery County Intermediate Unit to release the following evaluations to _____:
___Psychological, ____Speech, ____Hearing, ____Pediatric, ____Vision.

_____ I hereby deny my permission for Montgomery County Intermediate Unit to release the following evaluations to _____:
____Psychological, ____Speech, ____Hearing, ____Pediatric, ____Vision.

Date_____ _____
Signature of Parent(s) or Guardian(s)

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA. 19401 • 215-539-8550

REQUEST OF INFORMATION

Date:

To: _____

_____

_____

Dear _____:

Please release the following information: _____

_____

_____

_____

to _____, (Title) _____ of

The Montgomery County Intermediate Unit for my child _____.

Thank you,

_____
(Signature)

_____
(Relationship)

cc: Custodian of Records
Montgomery County Intermediate Unit

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA. 19401 • 215-539-8550

RELEASE OF INFORMATION

Date:

_____

Montgomery County Intermediate Unit
Special Education Center
1605-B West Main Street
Norristown, Penna. 19401

Dear _____:

I hereby grant to you permission to release the following information:

_____

_____

to: _____ concerning my

child _____.

Thank you,

_____
(Signature)

_____
(Relationship)

cc: Custodian of Records
Montgomery County Intermediate Unit

MONTGOMERY COUNTY INTERMEDIATE UNIT
Special Education Center
1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - PSYCHOLOGICAL EVALUATION

Date:

Dear

Your child, _____ has been referred for a psychological evaluation by yourself.

The reason for this referral is: to help determine appropriate educational programming _____.

This evaluation will be provided by _____, a Certified School Psychologist of the Montgomery County Intermediate Unit, and the results of this evaluation will be discussed with you upon completion of the evaluation. This evaluation will be performed at your child's school during school hours and the results of this evaluation will be maintained in confidence and shared only with appropriate, authorized school personnel.

To accomplish this evaluation, one or more of the following techniques will be used: intellectual, academic readiness, perceptual - motor, auditory discrimination, and personal - social adjustment assessments _____

On the form below, please check the appropriate line indicating your approval or disapproval of this evaluation and return this form in the enclosed envelope. Should you have any questions or comments, please feel free to contact me at 539-8550.

Sincerely yours,

(Signature) _____

(Title) School Psychologist

.....

Dear

_____ I hereby grant permission for the psychological evaluation as indicated above.

_____ I hereby deny permission for the psychological evaluation as indicated above.

_____ (Date)

_____ Signature of Parent(s) or Guardian(s)

SPECIAL EDUCATION-RED LINE COMMUNICATION

MONTGOMERY COUNTY INTERMEDIATE UNIT
Special Education Center
1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

104

SPECIAL EDUCATION-RED LINE COMMUNICATION

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - PEDIATRIC/DEVELOPMENTAL EVALUATION

Date:

Dear

Your child, _____ has been referred for a pediatric/developmental evaluation by yourself**.**

The reason for this referral is to determine the child's current developmental abilities and to help develop an appropriate program for him or her.

The evaluation will be provided by _____, who the Intermediate Unit has made arrangements with to carry out this evaluation, and the results of this evaluation will be discussed with you upon completion of this evaluation. The results of this evaluation will be maintained in confidence and shared only with appropriate, authorized school personnel.

To accomplish this evaluation, standard pediatric/developmental evaluation techniques will be employed.

In order to gather this information, your written permission is required. Please check the appropriate line on the form provided below. Should you have any questions or comments, please feel free to contact me at 539-8550.

Sincerely yours,

(Signature) David R. Shirey

(Title) CASE MANAGER, PRESCHOOL SERVICES

.....

Dear

_____ **I hereby grant my permission for the pediatric/developmental evaluation as indicated above.**

_____ **I hereby deny my permission for the pediatric/developmental evaluation as indicated above.**

_____ _____

(Date) **Signature of Parent(s) or Guardian(s)**

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center 105

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

SPECIAL EDUCATION-RED LINE COMMUNICATION

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - AUDIOLOGICAL EVALUATION

Date:

Dear

Your child, _____ has been referred for an audiological evaluation by yourself.

The reason for this referral is to determine the child's audiological functioning and to help develop an appropriate program for him or her.

The evaluation will be provided by _____, who the Intermediate Unit has made arrangements with to carry out this evaluation, and the results of this evaluation will be discussed with you upon completion of this evaluation. The results will be maintained in confidence and shared only with appropriate, authorized school personnel.

To accomplish this evaluation, standard audiological evaluation techniques will be employed.

In order to gather this information, your written permission is required. Please check the appropriate line on the form provided below. Should you have any questions or comments, please feel free to contact me at 539-8550.

Sincerely yours,

(Signature) David R. Shuey

(Title) Case Manager, Preschool Services

.....

Dear

_____ I hereby grant my permission for the audiological evaluation as indicated above.

_____ I hereby deny my permission for the audiological evaluation as indicated above.

_____ _____

(Date) Signature of Parent(s) or Guardian(s)

MONTGOMERY COUNTY INTERMEDIATE UNIT
Special Education Center
1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - SPEECH & LANGUAGE

Date:

Dear

Your child, _____ **has been referred for a Speech and Language Evaluation by** yourself.

The reason for this referral is to determine the child's speech and language abilities at this time to help develop an appropriate program for him or her.

This evaluation will be provided by _____ **of the Montgomery County Intermediate Unit staff and the results of this evaluation will be discussed with you upon completion of this evaluation. These results will be maintained in confidence and shared only with appropriate, authorized school personnel.**

To accomplish this evaluation, one or more of the following techniques will be used: Informal Language Testing
Boehm Test of Basic Concepts
Peabody Picture Vocabulary Test
Preschool Language Manual

In order to gather this information, your written permission is required. Please check the appropriate line on the form provided below. Should you have any questions or comments, please feel free to contact me at 539-8550.

Sincerely yours,

(Signature) David R. Shirey

(Title) Case Manager, Preschool Services

.....

Dear

____ **I hereby grant my permission for the speech and language evaluation as indicated above.**

____ **I hereby deny my permission for the speech and language evaluation as indicated above.**

_____ _____
(Date) **Signature of Parent(s) or Guardian(s)**

SPECIAL EDUCATION-REQUIRED COMMUNICATION

MONTGOMERY COUNTY INTERMEDIATE UNIT

Special Education Center

1605-B WEST MAIN STREET, NORRISTOWN, PENNSYLVANIA 19401 PHONE 215-539-8550

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - VISUAL EVALUATION

Date:

Dear

Your child, _____ **has been**

referred for a visual evaluation by yourself .

The reason for this referral is to determine the child's visual functioning at this time to help develop an appropriate program for him or her.

This evaluation will be provided by Arnold Bierman, O.D., F.A.A.O. , **who the Intermediate Unit has made arrangements with to carry out this evaluation, and the results of this evaluation will be discussed with you upon completion of this evaluation. The results will be maintained in confidence and shared only with appropriate, authorized school personnel.**

To accomplish this evaluation, standard visual evaluation techniques will be employed.

In order to gather this information, your written permission is required. Please check the appropriate line on the form provided below. Should you have any questions or comments, please feel free to contact me at 539-8550.

Sincerely yours,

(Signature) David R. Shirey

(Title) Case Manager, Preschool Services

.....

Dear

_____ **I hereby grant my permission for the visual evaluation as indicated above.**

_____ **I hereby deny my permission for the visual evaluation as indicated above.**

_____ _____

(Date) **Signature of Parent(s) or Guardian(s)**

SPECIAL EDUCATION-RIDING COMMUNICATION

APPENDIX J

COUNSELING GROUPS FOR PARENTS OF PRESCHOOL HANDICAPPED CHILDREN

COUNSELING GROUPS FOR PARENTS OF PRESCHOOL HANDICAPPED CHILDREN

Dr. Bernice Tucker, Consulting Family Therapist
Mr. Dave Shiery, Case Manager
Mr. Frank Robinson, Psychologist
Mrs. Ann Kauffman, Psychologist

Montgomery County Intermediate Unit
Title VI Preschool Project

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I. Introduction

The overall purpose of the present document is to describe rationale, procedures, content, and results of counseling groups for parents of preschool handicapped children during the 1976-77 school year. Several approaches were implemented during this pilot phase and a brief outline of each is included. In these experimental approaches, key issues included: (1) Motivational and logistical factors in engaging parents in group participation; (2) Sibling involvement; and (3) Selection of content based on needs and concerns of parents. As a result of our pilot groups, recommendations for future parent group work are also outlined in this document.

II. Proposal: Includes Rationale, Goals, Procedures

A. Rationale

All families deal with a multiplicity of issues related to rearing their children. Families in which one or more children are handicapped will experience additional pressures and crises which effect all family members (e.g., parents, the child, siblings, grandparents). The purpose of parent groups is to provide a forum where specific issues of concern can be surfaced and defined. A sharing dialogue can then take place with an opportunity to give and to receive mutual help and support under the leadership of mental health professionals. Families will thus become more aware of some of their difficulties and their resources. They will gain new information and new ways of coping with problem areas more effectively. It is hypothesized that the following areas are of some concern to all parents and may be of specific concern to parents of handicapped children:

1. What to expect of the child
   a. Normal child development; development of the handicapped child.
   b. Behavior management and limit setting.
2. Socialization
   a. Who does the child play with; acceptance of the child by other children and community members.
3. Attitudes toward the child by extended family members—grandparents, aunts, uncles, etc.
   a. Effects on nuclear family.
4. Siblings
   a. Attitudes toward the handicapped child—overprotection, denial.
5. Parental attitudes toward the child
   a. Effects on parental recreation outside the home.
   b. Leaving the child with family, sitters.
   c. Guilt and shame.

d. Overprotection

e. Worries about the future—When I grow old—die

6. Role of the father

a. Importance of participation

b. Competency

c. Relief for mother

B. Goals

1. To guide parents of preschool handicapped children in specifying areas of concern and difficulty to them in relating to their children.

2. To assess parental attitudes, behaviors and resources in coping with preschool handicapped children.

3. To examine old ways of coping with concerns and to explore and test new, constructive methods.

4. To provide an opportunity for a sharing dialogue among parents of preschool handicapped children and mental health professionals.

C. Procedures

1. Professional co-leadership will be provided by Bernice Z. Tucker, Ed.D., consultant; David Shiery, M.S.W.; Frank Robinson and Ann Kauffman.

2. A series of four large parent group meetings will be offered to all of the twenty-six families whose children presently attend Intermediate Unit preschool classes.

a. To be held on four consecutive Tuesday evenings at 8:00 - 9:30 (November 16, 23, 30, and December 7) at the Intermediate Unit. Leaders will assemble at 7:30 for last minute planning and will meet from 9:30 - 10:00 for post session processing.

b. Purposes and content of meetings:

Meeting I — 11/16/76

Purpose is to become acquainted with each other through open discussion and sharing of mutual concerns. Stimulus will be provided by group leaders in opening possible areas of concern through introductory statements and through a description of

possible areas of concern through introductory statements and through a description of a hypothetical family where many of the aforementioned issues are incorporated. Parents will be asked to respond verbally to these issues and to bring in their own additional concerns. Parents will also be requested to list their concerns on paper before leaving. From the discussion and the written lists, agendas for the next three meetings will be developed. The format, climate and method of the three subsequent meetings will be established by the example of the process of group discussion, information giving and planning, sharing, dialogue, and so on that evolves during the first meeting.

Meeting II — 11/23/76

Agenda

(1) Leniency — Discipline
   (a) Limit setting — Who limits the child; how; parent feelings about discipline
   (b) Consistency — Effects of inconsistency
   (c) What to expect from the child
   (d) Sharing of related experiences among group members
   (e) Suggestions from parents and leaders
   (f) Handout: "Making and Enforcing Rules"

(2) Family attitudes toward the child
   (a) How do siblings relate to the child — Discipline; protect child from parents; fighting; jealousy
   (b) Grandparents — Acceptance-Nonacceptance of the child
      — Attitude toward parents
      — Accepting help from grandparents

Meeting III — 11/30/76

Agenda

(1) Parental Teamwork — Giving consistent messages
(2) Siblings' and other relatives' influence on discipline
(3) Family and community attitudes towards the child

Meeting IV — 12/7/76

Agenda

(1) Parental Teamwork — Father's role in child rearing

(2) The child, the community, and other relating adults

(3) Planning for future meetings

3. Small Parent Group Meetings

a. At the termination of the initial four parent sessions, the group will be divided into two smaller groups if the total number of participants is adequate (16-20).

b. The small groups, each with two co-leaders, will meet twice monthly for ten sessions of the following dates: January 11, 25; February 8, 22; March 8, 22; April 5, 19; May 3, 17.

c. The focus of the small parent group meetings will be to explore in more depth, according to the needs and interests of group members, the issues and areas of concern that were dealt with in a more superficial way in the previous four meetings. Some examples might be: aspects of child discipline and limit setting related to interactions in specific families; sibling-parent-grandparent interrelationships specific to the families of group members. These groups will have a counseling, rather than discussion, focus in that the co-leaders will encourage the group members to relate their own specific experiences, feelings, attitudes pertaining to the subject at hand. The leaders will guide group members in probing further with each other, in dialoguing and supporting and in developing resolutions or alternative approaches. Group co-leaders will also be responsible for offering reactions, information and suggestions from their own experience and expertise.

d. In the event that the total group size is less than sixteen, the same approach as above will be utilized, but the group will not be divided.

4. Audiotape

All meetings will be audiotaped, with signed permission from all group members. The purpose of these tapes will be to examine in greater depth parent-child-family issues and how they are being dealt with and to expand the co-leaders' understanding of

the group process. Audiotape helps one to be aware of what, in the group interaction, was not picked up and responded to and should have been; who was turned off and interrupted; and what leader responses are helpful and enhance process and which ones do not.

5. Meetings of the Professional Personnel

The group co-leaders will meet on a weekly basis for the following purposes:

a. To listen to and process the content of the audiotapes. This is an important learning device in terms of understanding what is happening in the group and in developing leadership skills.

b. To plan future parent sessions on the basis of what has happened thus far.

c. To share information re: family dynamics and interactions especially as they pertain to specific group members; re: handicapped children and other areas where specific information might be useful to the parents in the group.

III. Results: Description of Three Pilot Groups

A. Group I

1. Members were drawn from population of two preschool classes: a noncategorical class and a hearing impaired class.
2. A series of nine evening meetings were held with attendance ranging from five to twelve parents per meeting.
3. For the first four meetings, the outlined agenda in the attached proposal was followed.
4. Areas of discussion in the last five meetings were as follows:
   a. Diagnostic categories and their implications.
   b. Rates of progress and expectations for future development: educational, social, speech, self-help and independence.
   c. Discussion of financial support for the continuation of educational programs.
   d. Behavioral management: Parental and sibling contributions in reinforcing deviant non-appropriate behaviors.
   e. Crisis points in the development of a handicapped child, e.g., reactions to birth; developmental milestones, such as walking, speech, school entrance through adolescence into adulthood; anxieties and fears relating to future dependencies of the child on parents, siblings, friends and extended family; family planning.
5. A sibling group meeting was held on February 22, concurrent with a parent group. Eight siblings of handicapped children were in attendance. Discussion centered on the following areas:
   a. Relationship between the child and the handicapped sibling. e.g., What does it mean to have a handicapped sibling? How has your life changed?; responsibility of normal child for handicapped child; meaning of special class placement.
   b. Relationship between parents, handicapped and normal children. e.g., special treatment, overprotective, overinvolvement of parents with handicapped child, preferential treatment.
   c. Effects of having a handicapped sibling on peer relationships. e.g., how to deal with friends' reactions; ability to discuss

handicapped sibling openly with friends; shame; ability to bring friends home.

d. Concerns about the future of the handicapped child.

6. Results and parent reactions to counseling groups: a questionnaire was administered at the close of the series of meetings. The following comments are summarized from the questionnaires:

a. Strengths

(1) Opportunity to share with others who understand because they, too, have a handicapped child. Not alone with problems.

(2) Expressing feelings and thoughts that have been pent up inside of you.

(3) Gave me more personal confidence.

(4) Realization that parents with a special child have to be "a little bit stronger" than others. "I learned how to set limits more firmly."

b. Weaknesses

(1) Not enough structure and feedback from professionals.

(2) Not well attended at times.

(3) Too much time spent on individual problems

(4) Prefer an educational lecture series

c. Suggestions

(1) Having guest speakers who are handicapped

(2) Role-playing

(3) A more structured program

B. Groups II and III

1. Agendas for Groups II and III were modeled after Group I.

2. Population: a language communication disorder group that was in the process of evaluation and general referrals.

3. Results:

These groups were an experimental attempt to engage parents in alternative fashions. An effort was made to select parents from a homogeneous group of which the total pool was limited. Insufficient attendance resulted in expanding the population to include selected general referrals and meetings were scheduled

for daytime hours in a different location in an attempt to engage a larger number of parents. Feedback from parents in attendance indicated that many parents did not recognize the importance of early intervention and tended to deny existence of problems in the belief that the child would outgrow the difficulties. This attitude was not prevalent in Group I where the handicaps were clear-cut and, in general, more severe. This points to the need for increased public awareness of the impact of early intervention for the child and the family.

IV. Recommendations

A. Proposed Curriculum Outline For Future Groups

1. Dissemination of Information
   a. Specific information regarding handicap(s)
   b. Definitions: retardation; speech development, normal and deviant, etc.
   c. Description-Discussion: Evaluative procedures, educational programming, other services offered by the Montgomery County Intermediate Unit.
   d. Early signs of deviations in growth and development: Child development—normal and abnormal
   e. Future of the handicapped child: Social and educational planning.
2. Family-Community Relationships
   a. Nuclear family: Sharing parenting; sibling relationships, etc.
   b. Extended family: Grandparents, etc.
   c. Family with a handicapped child: Siblings of a handicapped child.
   d. Neighbors; other community members.
   e. Community resources: Social service agencies providing services to families.
   f. School community.
3. Behavioral Management
   a. Implementing techniques and skills: discipline, limit setting.
   b. Special problems with handicapped children.
4. Supplemental Films
   a. Use of films for parent programs such as the following films:
      (1) Reward and Punishment: Behavior modification approaches to disciplining children. Reward is used to reinforce constructive behavior.
      (2) Hello Up There: Describes from the child's point of view how children feel about and react to adults.
      (3) Parents of Disturbed Children: Self-scrutiny of parents

of emotionally disturbed children. Focus on parent responsibility.

(4) Jamie, The Story of a Sibling: What the experience of having a handicapped brother or sister is like for a well sibling.

(5) Stress: Parents With a Handicapped Child: Family and community relationships explored through interviews of families with a wide range of handicapped children.

(6) The Long Childhood of Timmy: Living with and caring for a Down's Syndrome child.

B. Modifications For Service Delivery to Parents

1. Suggested approaches for delivering services to parents of children pre-natal to five years old.

a. In order to serve greater numbers of parents of preschool handicapped or thought to be handicapped children, we recommend the following broad approach:

(1) A two-hour introductory meeting in each individual school district will be scheduled in order to disseminate information.

(2) Interest will be assessed at each meeting in a series of subsequent meetings that will explore topics addressed in general meeting in greater depth.

(3) Topics and areas covered in these general meetings will be chosen from the curriculum outline.

(4) The twenty-one districts in Montgomery County will be notified by the Title VI staff of the purposes, agenda, and logistics of this meeting.

(5) On the basis of the districts' responses, an as yet undetermined number will be selected to participate in this pilot phase.

(6) Contingent on the interest expressed by parents, additional group meetings may be scheduled to meet the needs of each particular group.

b. In order to address the ongoing needs of children being served in preschool classes, the following procedure is recommended:

(1) A series of parent counseling discussions adapted from curriculum outline will be held in the school setting (wherever possible). These meetings will be held concurrent with the child's educational program for parents who can attend during the day.

(2) Several supplemental evening meetings will be scheduled in order to engage parents not able to attend during the day and to arrange concurrent sibling group meetings.

(3) Attendance will be encouraged by arranging babysitting; offering packets or printed material; inviting guest speakers, including representatives from community agencies and films.

(4) In order to engage these parents more effectively, there will be a structured fifteen to thirty minute individual conference to discuss individual needs and questions, motivate interest, alleviate anxiety and encourage involvement in the group setting.

c. In order to facilitate parental response to and understanding of information obtained from the evaluative procedure and discussed during the summary feedback conference, the following are recommended:

(1) Modifications of the evaluation procedure in order to increase dialogue between parents and evaluators.

(a) Parents have questions and anxieties that relate to their child and to the procedures. Opportunities should be provided for parents to share their questions and concerns over a period of time. Understanding and acceptance of a child's limitations and handicaps is a process that takes place gradually and unevenly.

(2) The "summary feedback conference" should be extended into several meetings approximately one week apart.

(a) "Feedback" implies a great deal of information being given in one direction, rather than a dialogue between parents and professionals. This does not allow

for adequate clarification of unclear points, nor does such a limited time facilitate clarity and acceptance.

(b) Understanding and acceptance by parents are vital to educational planning for the child.

(c) Dialogue at this "crisis" time may provide a bridge in motivating parental attendance at a series of parent group meetings. If the questions and concerns that parents have can be crystalized at this time, the group meetings can be perceived as providing further information in an informal but somewhat structured setting.

C. Public Awareness

1. Meet with Intermediate Unit and Title VI staff during scheduled inservice meetings to acquaint staff with our goals, procedures and progress and to obtain from staff their reactions, comments, and suggestions.
2. Provide information regarding Parent Group work for preschool children to district superintendents and directors of pupil services
3. It is hoped that the general public would be informed of Title VI Preschool Services to parents through the ongoing public awareness activities of the Information Manager.

APPENDIX K

DISTRICT INVITATION FOR

SPEECH AND LANGUAGE PROGRAM

Our Intermediate Unit has received Title VI monies to provide services to preschool handicapped children. As a part of this project, we would like to determine whether or not your district might be interested in having our staff present a series of four two-hour workshops on normal language and speech development to parents of pre-school children.

We would be pleased to meet with you to discuss what is involved in this effort, if you desire. Since the availability of staff and time is limited, I would appreciate receiving a response at your earliest convenience. We will honor all requests based on the date of receipt of the written replies.

Should you have any questions, please contact me.

Sincerely,

Robert H. Leiss, Ed.D.
Assistant Director
of Special Education

RHL/dmb

cc: Dr. Barton B. Proger
Miss Jean Kern

APPENDIX L

TRACKING LETTER SENT

TO SCHOOL DISTRICTS

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION CENTER • 1605-B WEST MAIN ST. • NORRISTOWN, PA. 19401 • 215-539-8550

I am sending information compiled through the Title VI Preschool Project tracking system.

The attached chart shows the number of preschool children (birth to 4 years, 7 months) in your school district who have been identified as handicapped, or are thought to be handicapped.

Letters are being sent to the parents of those children in your district who will be school-age, encouraging them to register their child, and notify the district that their child has received Title VI services. As you are well aware, we cannot release any further information without the parent's written permission.

We hope the attached information will be useful to you in planning to meet the special education needs in your school district.

If you have any questions about this information, please feel free to contact Miss Bonnie Carr, Title VI Information Manager, for any clarification.

Sincerely,

ROBERT H. LEISS, Ed.D., PROJECT DIRECTOR
TITLE VI - PRESCHOOL SERVICES

RHL/cs

Attachment

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

TOTAL REFERRALS

December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		5	14	19
Educable Mentally Retarded		2	6	8
Severely & Profoundly Retarded		1	2	3
Physically Handicapped		4	5	9
Brain Injured, Learning Disabled		1	29	30
Visually Impaired		1	6	7
Hearing Impaired		6	12	18
Speech Impaired		6	37	43
Socially & Emotionally Impaired			5	5
Other Health Impaired		2		2
Undetermined		9	22	31
TOTAL		37	138	175

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

ABINGTON School District December, 1976

Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		111	3
Educable Mentally Retarded			
Severely & Profoundly Retarded		1	1
Physically Handicapped	1	1	2
Brain Injured, Learning Disabled			
Visually Impaired			
Hearing Impaired		111	3
Speech Impaired		1	1
Socially & Emotionally Impaired			
Other Health Impaired	1		1
Undetermined		111	3
TOTAL	2	12	14

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

BOYERTOWN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			1	1
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired				
Speech Impaired			1	1
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL			2	2

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

CHELTENHAM School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled			1	1
Visually Impaired				
Hearing Impaired		1	1	2
Speech Impaired			11	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined			1	1
TOTAL		1	5	6

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

COLONIAL School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		1	1	2
Educable Mentally Retarded			1	1
Severely & Profoundly Retarded		1		1
Physically Handicapped				
Brain Injured, Learning Disabled			1111	4
Visually Impaired			11	2
Hearing Impaired			1	1
Speech Impaired			~~1111~~ 1	6
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined		111	11	5
TOTAL		5	17	22

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

HATBORO-HORSHAM School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired		11		2
Speech Impaired				
Socially & Emotionally Impaired			1	1
Other Health Impaired				
Undetermined			1	1
TOTAL		2	2	4

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

LOWER MERION School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded			1	1
Physically Handicapped				
Brain Injured, Learning Disabled		1	1	2
Visually Impaired				
Hearing Impaired		1		1
Speech Impaired		1	111	4
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined			11	2
TOTAL		3	7	10

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

LOWER MORELAND School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			11	2
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired				
Speech Impaired		1	1	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined			1	1
TOTAL		1	4	5

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

METHACTON School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		1		1
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped			1	1
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired				
Speech Impaired			11	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined		1	111	4
TOTAL		2	6	8

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

NORRISTOWN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		1	1	2
Educable Mentally Retarded			1	1
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled			111	3
Visually Impaired		1		1
Hearing Impaired		1		1
Speech Impaired		11	111	7
Socially & Emotionally Impaired			1	1
Other Health Impaired				
Undetermined		1	111	4
TOTAL		6	14	20

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

NORTH PENN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		1	1	2
Educable Mentally Retarded			1	1
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled			~~1111~~ 111	8
Visually Impaired				
Hearing Impaired			111	3
Speech Impaired			11	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL		1	15	16

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

PERKIOMEN VALLEY School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired			1	1
Hearing Impaired				
Speech Impaired		1	11	3
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined		1		1
TOTAL		2	3	5

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

POTTSGROVE School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled			1	1
Visually Impaired				
Hearing Impaired			1	1
Speech Impaired				
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL			2	2

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

POTTSTOWN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			1	1
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped			1	1
Brain Injured, Learning Disabled				
Visually Impaired			1	1
Hearing Impaired			1	1
Speech Impaired			11	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL			6	6

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

SOUDERTON School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired		1		1
Speech Impaired			11	2
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL		1	2	3

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

SPRINGFIELD School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded		1		1
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped		1		1
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired				
Speech Impaired				
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL		2		2

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

SPRING-FORD School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped		1		1
Brain Injured, Learning Disabled			1	1
Visually Impaired				
Hearing Impaired				
Speech Impaired			11	2
Socially & Emotionally Impaired			1	1
Other Health Impaired				
Undetermined				
TOTAL		1	4	5

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

UPPER DUBLIN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			1	1
Educable Mentally Retarded			1	1
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled			11	2
Visually Impaired				
Hearing Impaired				
Speech Impaired			111	3
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL			7	7

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

UPPER MERION School District December, 1976

Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			
Educable Mentally Retarded			
Severely & Profoundly Retarded			
Physically Handicapped		1	1
Brain Injured, Learning Disabled		11	2
Visually Impaired		11	2
Hearing Impaired			
Speech Impaired			
Socially & Emotionally Impaired		1	1
Other Health Impaired			
Undetermined	1	11	3
TOTAL	1	8	9

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

UPPER MORELAND School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			1	1
Educable Mentally Retarded		1	1	2
Severely & Profoundly Retarded				
Physically Handicapped				
Brain Injured, Learning Disabled				
Visually Impaired				
Hearing Impaired			1	1
Speech Impaired				
Socially & Emotionally Impaired				
Other Health Impaired		1		1
Undetermined		1	1	2
TOTAL		3	4	7

171 + 172

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

UPPER PERKIOMEN School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded				
Educable Mentally Retarded				
Severely & Profoundly Retarded				
Physically Handicapped			1	1
Brain Injured, Learning Disabled			1	1
Visually Impaired				
Hearing Impaired				
Speech Impaired				
Socially & Emotionally Impaired				
Other Health Impaired				
Undetermined				
TOTAL			2	2

Title VI Preschool Project

Montgomery County Intermediate Unit

Children Identified as Handicapped

WISSAHICKON School District December, 1976

	Age	0-2 Years	3-4 Years	Total
Trainable Mentally Retarded			11	2
Educable Mentally Retarded		1	1	2
Severely & Profoundly Retarded				
Physically Handicapped		1		1
Brain Injured, Learning Disabled			~~111~~	5
Visually Impaired				
Hearing Impaired			1	1
Speech Impaired		1	111	4
Socially & Emotionally Impaired			1	1
Other Health Impaired				
Undetermined		1	111	4
TOTAL		4	16	20

FINAL REPORT

1976 - 1977

PRESCHOOL SERVICES FOR THE HANDICAPPED

(Volume 2 of 2)

MONTGOMERY COUNTY INTERMEDIATE UNIT 23

Dennis U. Harken, Ph.D., Executive Director

J. Steven Banks, Ph.D., Director of Special Education

Robert H. Leiss, Ed.D., Assistant Director of Special Education

Barton B. Proger, Ed.D., Coordinator of Federal Projects in Special Education

Carolyn Hebden Lutz, M.S., Federal Projects Specialist in Special Education

FINAL REPORT

1976 - 1977

PRESCHOOL SERVICES FOR THE HANDICAPPED

(Volume 2 of 2)

by

Robert H. Leiss

Carolyn Hebden Lutz

Barton B. Proger

Funded Under the Education for the

Handicapped Act, Part B

July 1, 1976, to June 30, 1977

Project No. 48-05023-460-380

Montgomery County Intermediate Unit 23
Special Education Center
1605-B West Main Street
Norristown, Pa. 19401

October, 1977

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APPENDIX M

OUTSIDE EVALUATOR AGENDAS

COURTESY COPY:

Ms. Elaine Gilvear
Mr. Carl Thornton

TITLE VI EVALUATION

AGENDA

MONDAY, NOVEMBER 1, 1976

(a.m.)	8:30 - 10:00	Meeting with Dr. Leiss, Project Director Special Education Center (Norristown, Pa.)
	10:00 - 11:00	Meeting with Mrs. Ann Kauffman, Project Psychologist Special Education Center (Norristown, Pa.)
	11:00 - 12:30	Lunch and transportation time
(p.m.)	12:30 - 1:00	Meeting with Hearing Impaired Class Parents Gwyn-Nor Elementary School (North Wales, Pa.)
	1:00 - 1:45	Observation of Hearing Impaired Class and Discussion with Mrs. Kathy Backus, Teacher Gwyn-Nor Elementary School (North Wales, Pa.)
	2:15 - 3:30	Observation of Parent Workshop with Ms. Jean Kern Ringing Rocks School (Pottstown, Pa.)
	3:30 - 4:00	Meeting with Ms. Kern, Workshop Coordinator Ringing Rocks School (Pottstown, Pa.)
	4:00 - 4:30	Meeting with Mrs. Jane McBride, Supervisor of Hearing Impaired Class and Ms. Sue Gluck, Speech Therapist Ringing Rocks School (Pottstown, Pa.)

TUESDAY, NOVEMBER 2, 1976

(a.m.)	8:30 - 9:30	Meeting with Noncategorical Class Parents Thomas Fitzwater Elementary School (Willow Grove, Pa.)
	9:30 - 10:30	Observation of Noncategorical Class Thomas Fitzwater Elementary School (Willow Grove, Pa.)
	10:30 - 11:30	Meeting with Mr. Peter Boardman, Supervisor of Noncategorical Class Thomas Fitzwater Elementary School (Willow Grove, Pa.)
	11:30 - 12:00	Discussion with Ms. Ann Walls, Teacher Thomas Fitzwater Elementary School (Willow Grove, Pa.)
(p.m.)	12:00 - 1:30	Lunch and transportation time
	1:30 - 2:30	Meeting with Mr. David Shiery, Case Manager Special Education Center (Norristown, Pa.)
	2:30 - 3:00	Meeting with Ms. Bonnie Carr, Information Manager Special Education Center (Norristown, Pa.)

SCHEDULE FOR TITLE VI EVALUATION

Monday, April 18

9:00 - 10:30	Meeting with Project Director
10:30 - 10:45	Meeting with Supervisor of Hearing Impaired
10:45 - 11:45	Meeting with E.L.F.A. Clinician
11:45 - 1:00	Lunch
1:00 - 2:30	Visit Gwyn-Nor - Hearing Impaired
	a.) Meet with Parents

Tuesday, April 19

9:00 - 10:00	Classroom Observation (Plymouth Valley Baptist)
10:00 - 11:00	Meeting with Parents
11:30 - 12:00	Meeting with Case Manager
12:00 - 1:00	Lunch
1:00 - 1:30	Meeting with Information Specialist
1:30 - 2:30	Meeting regarding Connect with Project Director, Case Manager, and Information Specialist
2:30 - 3:30	Summary Conference

APPENDIX N

HEARING PROGRAM

CONTENT CRITERIA

4

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

I. Home

A. Child will identify by pointing to 4 different kinds of homes in 80% of pictures shown.

B. Child will name parts and certain objects within the house with 80% accuracy.

C. Child will identify rooms of the house
1. by pointing
2. in answer to "what room is this?"
3. in answer to verbal description on 80% of trials

D. Child will name at least one activity we do in each room when asked in lesson.

E. Child will be exposed to certain concepts, expressions and vocabulary concerned with house: home is "where I live": homes are different but all have some things; homes are made of certain things, give us shelter from weather; people live together in homes eating, sleeping, washing.

F. Child will answer the question "where do you live?"

G. Child will place house item in appropriate room on 80% of trials.

H. Child will be encouraged to extend the concept of care of himself to care of his belongings and of his home.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

II. Mailman and Valentine's Day

A. Child will dramatize through play a simple understanding of mail delivery.

B. Child will be exposed to discussions about general customs of the day, send a Valentine home and participate in cooking and art projects that center on the holiday symbols.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

III. Community Workers

A. The child will attempt to answer "Why do we work?"

B. The child will spontaneously use the word job or work.

C. Child will name one job that he does in school

D. Child will demonstrate understanding of certain jobs through dramatization.

E. Child will point to correct store on being shown the appropriate item belonging there.

F. Child will answer the verbal question "Where do we buy_____?"

G. Child will identify by pointing 13 workers (Peabody Kit) with 80% accuracy.

H. Child will name 13 workers in answer to "Who is that?"

I. Child will demonstrate understanding of major street signs through dramatization.

J. Child will attempt to answer the question "What will happen?" when shown a safety-danger situation and will begin to apply safety rules to their own lives.

K. Child will demonstrate understanding of doctor's job by appropriate role-playing.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

IV. Cleanliness - Growth - Health

A. Child will be exposed to the concepts that children grown older, bigger, heavier, that we need certain things to grow and stay healthy.

B. Child will give one answer to the question "What do we need to grow?"

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

-

(All objectives are using total communication
except when designated)

V. St. Patrick's Day, Easter, Mother's Day

A. Child will be exposed to discussions about general customs of the holidays. Cooking, art and books will center on holiday symbols.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

VI. Spring

A. Child will match seasonal pictures on 80% of examples.

B. Child will spontaneously use the words grow and spring in his vocabulary.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

VII. Wind Air

A. Child will be exposed to discussion of his physical environment in concepts as wind is air and makes things move.

B. Child will identify spontaneously a windy day and/or make notice of air functioning in his experience.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

VIII. Plants

A. Child will be exposed to concepts of his physical environment in the area of plants: that there are many kinds of plants and that they grow from seeds.

B. Child will name one thing a plant needs to grow.

OBJECTIVES IN CONTENT AREAS
FROM JAN - MAY 1977

(All objectives are using total communication
except when designated)

IX. Animal Homes, Farm, Zoo

A. Child will point to or answer the question "where does the _____ live?" on 80% of trials with major animals that live in the woods, farm, zoo, house.

B. Child will be exposed to concepts that animals look differently, have different amounts of legs, some have tails, move differently, have different coverings and sound differently.

C. Child will select from 4 pictures or name one animal that one or more of the above attributes.

D. Child will discuss if a certain animal could be a pet and give the animal a name.

E. Child will identify 10 farm animals by name with 80% accuracy in lessons by either pointing or naming.

F. Child will match products of main farm animals with the appropriate animal, either with object, picture or word.

G. Child will be exposed to the concepts that farm animals live in different places and do certain things.

H. Child will be exposed to concepts that we grow vegetables on a farm, feed these to animals or sell them, buy them at the store or grow them at home.

I. Child will name or point to 5 zoo animals on request.

APPENDIX O

OUTSIDE EVALUATOR

INTERIM AND FINAL REPORTS

COMMONWEALTH OF PENNSYLVANIA

November 29, 1976

SUBJECT: Interim Evaluation Report of EHA-B Funded Programs for Preschool Handicapped Persons

TO: Intermediate Unit Executive Director
Intermediate Unit Special Education Director
Intermediate Unit Contact Person for EHA-B

FROM: Dr. Gary J. Makuch, Director *Gary J. Makuch*
Bureau of Special and Compensatory Education

The information in this interim evaluation is provided to aid in internal program improvement in each intermediate unit operated EHA-B funded program for preschool handicapped persons. Fiscal resources or continuation of programs is not determined solely by this report.

It is anticipated that this interim report will provide direction in project administration and operation as well as recommendations for programming that are practical and feasible. Some of these recommendations may be able to be implemented before the on-site visitations that are to be scheduled in April and May.

The final evaluation report will be distributed to intermediate units after June 30, 1977. The final report will be similar in format to this interim report but, in addition, will reflect significant program progress made between the two on-site visitations.

Please check the interim report for accuracy of data and information provided by your intermediate unit staff. Corrections and any comments concerning the interim evaluation report should be directed to Mr. Carl Thornton of my staff.

Mr. Carl E. Thornton
Federal Programs Advisor
Division of Special Education
Box 911
Harrisburg, Pennsylvania 17126
Area Code 717-787-7459

RECEIVED
DEC 13 8 M
MONTGOMERY COUNTY
INTERMEDIATE UNIT

Intermediate Unit # 23

Dates of Visits

First Visit November 1 & 2, 1976

Second Visit _____

Since contractors performing research and evaluation under government sponsorship are encouraged to express their own judgement freely, this evaluation is prepared by IER field and professional staff and is based on the data collected, observations made and interviews conducted (with project administrators and staff, professional specialists, parents and representatives of outside agencies) by IER personnel. It does not necessarily reflect the position, opinion or policy of the Bureau of Special and Compensatory Education of the Pennsylvania Department of Education, and no official endorsement, therefore, should be inferred on the part of BSCE.

B.S.C.E. Project # 48-07006 Project Funds $250,000

PROJECT TITLE: A Plan for Initiation of Services to Handicapped Children Not Previously Served

LOCAL EDUCATIONAL AGENCY: Montgomery County Intermediate Unit 23
1605-B West Main Street
Norristown, PA 19401

PROJECT ADMINISTRATOR: Dr. Lester Mann

PROJECT DIRECTOR: Dr. Robert Leiss

CONTACT PERSON: Dr. Robert Leiss

NUMBER OF PERSONS PROJECTED TO BE SERVED: 320 **ACTUAL:** 48

BREAKDOWN OF PERSONS BY EXCEPTIONALITY AND AGE

	Age (years)					
	Projected			Actual		
Exceptionality	0-2	3-5	6-12	0-2	3-5	6-9
Trainable Mentally Retarded	14	21	0	3	11	0
Educable Mentally Retarded	5	19	1	2	2	0
Learning Disabled	6	82	17	0	2	1
Emotionally Disturbed	3	8	0	0	2	0
Other Health Impaired	5	27	0	1	0	0
Crippled	3	10	0	1	2	1
Visually Handicapped	3	9	0	0	2	0
Deaf-Blind	0	0	0	0	0	0
Deaf	1	3	0	1	4	1
Hard of Hearing	9	24	2	3	3	0
Speech Impaired	2	46	0	0	6	0
TOTALS:	51	249	20	11	34	3

OVERALL PROJECT OBSERVATIONS

AND RECOMMENDATIONS

INTERMEDIATE UNIT 23

PROJECT ADMINISTRATION:

The day-to-day activities of this project are directed by a capable project director, who is ably assisted by an associate program director (who is also the coordinator of federal programs for the I.U.). Other staff members include three classroom teachers and two aides, a psychologist, a speech clinician, a case manager, an information manager, and two information specialists (who act as secretaries to the case and information managers). A physical and occupational therapist, funded by local MH/MR base service unit, provide services on a part-time basis. A supervisor of hearing program and a supervisor of non-categorical programs also assist the project staff. In addition, a pediatrician, a psychiatrist, and a neurologist are also available in a consulting capacity as needed.

Educational services are coordinated through the director of special education in the local school district and clinical staffings are scheduled as needed. Program planning and development are carried out with the assistance of a parent advisory committee which meets monthly with the I.U. executive director. Additionally, a non-public advisory council consisting of representatives of local human service agencies will be meeting quarterly to provide input, review and recommendations.

Internal communication within the project staff filters down from the project director through the case and information managers and appears to be very informal and unstructured. Some project staff members are familiar with the stated objectives and goals of the program.

Currently, project administration and program staff are in the process of developing a plan, which when implemented, will provide higher visibility of this program and its services within the local medical community as well as private social agencies.

PROGRAM OPERATION:

The project has three basic components: a public/community awareness campaign, provisions for diagnosis of handicapping conditions of persons 3-4.7 years of age and providing classroom instructions for appropriate persons.

The public awareness campaign is being conducted by the information manager who, although new to the position, has begun a vigorous campaign. Present public awareness activities include articles and advertisements in local newspapers, personal visits to local human service agencies and parent groups and

dissemination of an "Early Warning Signs" brochure to the medical community and to parents through the local school districts in the county. The information manager, who is responsible for the identification and location of the target population, is also developing a "high risk registry" and a child tracking system. All identified persons are entered into the tracking system which is being computerized.

After the initial phone call is screened by either the case or information manager, a house visit is made by the case manager. Developmental history, existing evaluation and pertinent data on the person is obtained and both the person and the family is informally observed. Following this home visit, arrangements are made for multi-disciplinary diagnosis with appropriate staff members. Further evaluations, if needed, are arranged with the consulting specialists. Staffings are attended by the case manager, who makes the final recommendations on whether the person should be admitted to the program or be referred to an outside agency. Presently, no follow-up is made or data obtained about the results of the suggestions if the person is placed in an outside agency. Only those persons served directly by this program are included in the child tracking system.

As of the date of this evaluation, a total of ninety-eight persons have been referred to the program, forth-eight of whom have been verified as handicapped. However, programming has been instituted for only twenty-six of these persons.

Educational services are provided in two preschool programs with three classrooms. The first program is for hearing impaired persons where the principal mode of operation is to provide tutoring of linguistic development, increase perceptive and expressive skills and develop social behavior. There are both morning and afternoon sessions and all persons wear amplification equipment which they are taught to use and maintain. Since this classroom is located in a local school district, it lends itself to integration with normal persons for some activities during the day. The teacher is highly competent and dedicated and provides instruction to parents in "signing" once a week. The activities of this program are ably supervised by the supervisor of hearing impaired program from the I.U.

The second program has four non-categorical classes that are operated mornings and afternoons from two other locations. The twenty persons participating in this program are brain injured and mentally retarded and were referred from a local agency (M.A.R.C.), whose operation was terminated. A physical therapist and an occupational therapist is being funded by M.A.R.C. to serve these persons. The emphasis in this program is to develop cognitive, gross and fine motor skills and language and self-care skills. The classroom teacher has developed individualized education programs (IEPs) for each person based on the Michigan State Curriculum Guide-Preschool Form. A behavioral modification approach is being utilized and parents are encouraged to follow teacher prescription at home. One of the teachers is conducting home visits and plans to continue these on a bi-monthly basis. Communication with parents is informal but good.

INTERMEDIATE UNIT 23

Although this program is embryonic (in operation only a few weeks) at its new location, the overall operational structure of the program is beginning to be defined and shows signs of good planning and potential future success.

INTERMEDIATE UNIT 23

EXTENT TO WHICH THE SEVEN OBJECTIVES (AS DEVELOPED BY THE BUREAU OF SPECIAL AND COMPENSATORY EDUCATION) ARE BEING MET BY THE PROGRAM

Objective 1 - To create public awareness of programs and services available to previously unserved handicapped persons.

Project information is disseminated to the community and to those involved in the project by means of articles and advertisements in newspapers, brochures, newsletters to outside agencies, letters to parents through local school districts, and television and radio announcements. The project maintains liaison with other programs through lecturing and visits to outside agencies. At this time, however, a complete familiarity with existing community programs has not been established.

Objective 2 - To locate unserved handicapped persons aged 0-21 years; to locate, identify and verify all previously unserved preschool handicapped persons.

The target population is 0-4.7 years (not 0-21 per EHA-B regulations) and persons are referred by outside agencies, physicians and parents. Multi-disciplinary diagnostic evaluations for verification of handicapping conditions are provided by the project.

Objective 3 - To provide individualized program plans for handicapped persons served or assigned by means of EHA-B funds.

Although not mentioned by project administration, IEPs are being developed by the teachers. Parents are provided in-service training (by teachers) in teaching procedures and techniques to reinforce educational processes at home.

Objective 4 - To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.

The target population of the preschool program is those unserved or underserved handicapped persons aged 0-4.7. An attempt is being made to determine which programs in the county can be utilized for referrals. Instruction is provided by the project in self-contained classrooms. Partial integration is provided

with regular school students. In addition, speech therapy, multi-disciplinary diagnostic evaluation, and parent training and counseling are provided by the project. The project staff think that parental involvement is extremely important and that the parent should play the role of a teacher for reinforcement of programming at home. Group counseling to parents is provided bi-weekly and parent training seminars are conducted three times per year. Nearly a dozen outside agencies participate in the program. Pre-and post-evaluation is provided to all persons in the program.

Objective 5 - To develop and maintain a child-tracking system that meets I.U., state and national level information needs about persons served under EHA-B.

Annual educational evaluations (often utilizing Schaumberg test) are administered to the persons. The results of this evaluation are used for child-tracking purposes. The child-tracking system developed has 14 components including the person's name, address, date of entrance into program, stages of the multi-disciplinary evaluation, placement and due process information.

Objective 6 - To provide resource information necessary for adequate services to handicapped persons under EHA-B.

The project provides the following services: classroom, itinerant-school, speech therapy, diagnostic, parent training, and parent counseling. The project maintains relationships with public schools, medical community, other I.U. operated programs, private agencies, MH/MR base service units, and other preschool programs. In addition to these services, the project provides in-service to the project staff and disseminates information to school districts through letters and parent groups.

Objective 7 - To gather, summarize, and report information about EHA-B programs and services for management, accountability, and on-going planning purposes.

Total population of I.U., past experiences, census of school system and estimates from MH/MR base service units, M.A.R.C., and private preschools were used to determine projected number of persons. No major changes in budget or program are expected in the near future. A parent committee meets formally on a

monthly basis with the executive director of the I.U. to review the program and its services. In addition, a non-public advisory council, consisting of members of M.A.R.C., MH/MR base service units, and members of various service groups, meets four times a year to provide input, review program and make recommendations.

RECOMMENDATIONS:

1. Plymouth Valley Baptist Church location was not included in the schedule during this visit and speech, physical, and occupational therapists were also not available for interviews. It would be of great value to the evaluators to see these professionals and visit the above location during the next visit.

2. Lines of communication within the project appears to be somewhat informal but cooperative. An effective and formal system of intra-staff communication should be developed and instituted to achieve maximum effect. It is extremely important for the teachers to be in contact with occupational, physical and speech therapists, school psychologist and other professional specialists in order to develop sound IEPs for each person. Regularly scheduled staff meetings to plan program, exchange ideas and information and share experiences should be instituted. Each member of the project staff should have a uniform understanding of the stated goals and objectives of the program.

3. The location and identification procedures have not been completely effective as yet and the public awareness campaign is presently being directed to persons 0-4.7 years of age. It should be directed and expanded to 0-21 as per EHA-B regulations.

4. Better screening procedures should be developed and implemented to reduce the number of inappropriate referrals resulting in diagnostic evaluations especially since a large proportion of persons verified as handicapped remain unserved.

5. Consideration might be given to instituting a follow-up procedure for those persons verified as handicapped and placed in appropriate outside human service agencies.

6. Consideration might be given to develop additional educational programs for persons(18) identified as handicapped but neither referred to outside agencies nor provided any educational programming.

7. A central register or file of all outside agencies in the catchment area should be available to all project staff members. Contact by staff members with these agencies should be recorded to avoid duplication of effort.

8. Consideration might be given to providing additional funds for physical and/or occupational therapists (non-categorical classes) and for speech therapy services for the hearing impaired persons. These specialists could also provide consultation (on a regular basis) to the classroom teachers and parents.

INTERMEDIATE UNIT 23

9. Persons of school age or those who will reach school age during the funded year should be provided services in programs not funded with EHA-B monies.

INTERMEDIATE UNIT 23 FIRST VISIT

I.U. AND PROJECT STAFF INTERVIEWED

	Name	Title
1.	Dr. Robert Leiss	Project Director
2.	Anne Kaufman	School Psychologist
3.	Burt Proger	Assistant Project Director
4.	Bonnie Carr	Information Manager
5.	Jane McBride	Supervisor-Hearing Impaired Class
6.	Jean Kern	Workshop Coordinator
7.	Ann Walls	Teacher
8.	Sue Clugston	Aide
9.	Peter Boardman	Assistant Director of Special Education
10.	David Shiery	Case Manager

Total I.U. and Project Staff Interviewed	10
Total Parents Interviewed	9
Total Interviewed	19

PROJECT LOCATIONS

1. Special Education Center
   1605 West Main Street
   Norristown, PA 19401

2. Gwyn-Nor Elementary School
   Hancock Road
   North Wales, PA 19454

3. Ringing Rocks School
   Kauffman Road
   Pottstown, PA 19464

4. Thomas Fitzwater Elementary School
   School Lane
   Willow Grove, PA 19090

MONTGOMERY COUNTY INTERMEDIATE UNIT
SPECIAL EDUCATION SERVICES • 1605-B WEST MAIN ST • NORRISTOWN, PA 19401 • 215-539-8550

January 11, 1977

Dr. Gary J. Makuch, Director
Bureau of Special and Compensatory Education
PENNSYLVANIA DEPARTMENT OF EDUCATION
Box 911
Harrisburg, PA 17126

Dear Gary:

I would like to respond to the recently received evaluation report of our Title VI efforts. In my opinion, there has been a misinterpretation of the information submitted to the evaluation team.

On page 1 of the report, we are listed as serving only 48 of a projected 320 persons. In fact, we had served 92 children at that point in time. This information was given to the team of evaluators.

Page 2 indicates that we provide diagnostics only for children of 3 to 4.7 years. This is in error. We serve exceptional or thought to be exceptional children from 0 to 4.7 years of age. Page 3, paragraph 2 states that the Case Manager makes the final recommendation of placement for these children. I would like to clarify this point. Our Case Manager provides input into the placement; the certificated school psychologist makes the program recommendation based on all of the information gathered. Admission to an Intermediate Unit sponsored program is done only with the final authorization of the certificated program supervisor. The final sentence of paragraph 2, page 3, indicates that we track only children enrolled in Intermediate Unit operated programs. Again, this is in error. We track all children referred to us who are exceptional or throught to be exceptional.

Paragraph 5, page 3, states that MARC is funding a physical and occupational therapist to serve Intermediate Unit programs. This is in error. The MH/MR office provides us these services.

On page 5 under Objective I, a statement is made that complete familiarity with existing programs has not been established. I challenge this statement since I am aware of no community programs for exceptional children about which we have no information.

On page 8, recommendation 2 seems to indicate that the physical therapist, occupational therapist, speech clinician and teacher do not communicate or

plan together. I am uncertain as to the basis for this conclusion but I ca assure you that these persons do, in fact, plan cooperatively. In the same paragraph, I disagree with the assumption that it is necessary for each member of the project to have equal knowledge concerning the objectives of the entire project. As project director, I think that it is necessary that they are famili with only those aspects that will affect their functioning within the project.

Recommendation 3 on page 8 states that our identification procedures have not been completely effective. I assume there is a basis for this statement. If so, this should be specifically stated so that we can take appropriate action.

I challenge recommendation 4 on the basis that we are expected to provide service to all identified or thought to be exceptional preschool children. I also question the statement that a large proportion of persons verified as handicapped remain unserved. Based on our records, no identified preschool exceptional children referred to the Intermediate Unit are unserved. They may not necessarily be in programs, especially the 0 to 3 years group, but they are receiving some degree of service from us and thus cannot be classified as unserved.

Recommendation 6 suggests providing educational programs for 18 identified handicapped children. The majority of these children are younger than 3 years of age. By directive from the Pennsylvania Department of Education we are not to provide programs for these children.

Recommendation 7 suggests the development of a central file of outside agencies. This has been operative for two years under the direction of the Case Manager and Information Specialist. Since this activity is a part of their specific job descriptions, I see no reason why these efforts should be duplicated by other project staff members. The information is available in a central location to all who desire it.

Recommendation 9 requests that the Intermediate Unit provide service to school age exceptional children. Again, I assume this recommendation is made on the basis of factual information which indicates that there are school-aged handicapped children not being served. To our knowledge, this is not true. We would appreciate being informed of the information used to arrive at this recommendation.

I appreciate the opportunity to respond to the Title VI evaluation report. I would like to reiterate a statement that I have verbally made in the past. Any team which evaluates this type of effort should have at least a minimal understanding of exceptional children, special education programming, and the overall objectives of the State for its Title VI programs. I sense that the Title VI evaluation teams lack this appreciation.

Sincerely,

Robert H. Leiss, Ed.D.
Assistant Director of Special Education

RHL/dmb

cc: Dr. Dennis Harken
Dr. Lester Mann
Miss Elaine Gilvear
Mr. Carl Thornton

TITLE VI FILE

COMMONWEALTH OF PENNSYLVANIA

August 30, 1977

SUBJECT: Final Evaluation Report of 1976-77 EHA-B Programs for Preschool Handicapped in Intermediate Units

TO: Intermediate Unit Executive Directors

RECEIVED SEP 2 1977

FROM: Gary J. Makuch
Director
Bureau of Special and Compensatory Education

Attached you will find the final evaluation report of the intermediate unit operated program for preschool handicapped persons. This program is supported by EHA-B funds and evaluations are required by the federal regulations for the handicapped. The EHA-B programs for preschool handicapped persons are evaluated by the Bureau of Special and Compensatory Education through the third party evaluation method. The Institute of Educational Research conducts the on-site visitations for the Divisions of Special Education.

The purpose of the evaluation system is to assess the effectiveness of the program and to identify strengths and weaknesses in project activities that can be used to assist you in improving the quality of special education services to preschool handicapped persons. This evaluation report offers recommendations for internal program improvement. It is not the determinant for allocations of EHA-B funds to your intermediate unit. Only one copy of this evaluation has been sent to your intermediate unit. Please disseminate it to the Special Education Director and other personnel as you deem appropriate. You may make duplicate copies if you wish.

The third party evaluation method will be continued during the 1977-78 school year. Representatives of the Institute of Educational Research will present materials and information concerning this years evaluation at regional meetings to be held at each of the Special Education Regional Resource Centers beginning September 20, 1977. Special Education Directors, EHA-B contact personnel, case managers and information managers have been informed of these meetings under a separate memorandum from Mr. Carl E. Thornton of the Division of Special Education, Federal Programs and Services. They have also been made aware that the third party evaluation reports of your EHA-B preschool programs are now available in the intermediate unit.

Mr. Carl Thornton will continue to coordinate this activity at the state level. If you have any further questions regarding this evaluation process, please contact Mr. Thornton at (717) 787-7459.

We appreciate your continued cooperation in this important endeavor.

Intermediate Unit # 23

Dates of Visits

First Visit November 1 & 2, 1976

Second Visit April 18 & 19, 1977

Since contractors performing research and evaluation under government sponsorship are encouraged to express their own judgement freely, this evaluation is prepared by IER field and professional staff and is based on the data collected, observations made and interviews conducted (with project administrators and staff, professional specialists, parents and representatives of outside agencies) by IER personnel. It does not necessarily reflect the position, opinion or policy of the Bureau of Special and Compensatory Education of the Pennsylvania Department of Education, and no official endorsement, therefore, should be inferred on the part of BSCE.

B.S.C.E. PROJECT # 48-07006 PROJECT FUNDS: $250,000

PROJECT TITLE: A Plan for Initiation of Services to Handicapped Children Not Previously Served

LOCAL EDUCATIONAL AGENCY: Montgomery County Intermediate Unit 23
1605-B West Main Street
Norristown, PA 19401

PROJECT DIRECTOR: Dr. Robert H. Leiss

NUMBER OF PERSONS PROJECTED TO BE SERVED: 320 ACTUAL: 368 *

BREAKDOWN OF PERSONS BY EXCEPTIONALITY AND AGE

	Age (Years)			
	Projected			Actual
Exceptionality	0-2	3-5	6-12	3-5
Trainable Mentally Retarded	14	21	-	11
Educable Mentally Retarded	5	19	1	5
Learning Disabled	6	82	17	7
Emotionally Disturbed	3	8	-	-
Other Health Impaired	5	27	-	-
Crippled	3	10	-	-
Visually Handicapped	3	9	-	2
Deaf-Blind	-	-	-	-
Deaf	1	3	-	5
Hard of Hearing	9	24	2	6
Speech Impaired	2	46	-	-
TOTALS:	51	249	20	36 **

RACIAL BREAKDOWN

White	Negro	American Indian	Oriental	Spanish Surname	Other (Specify)
32	1	-	2	1	-

* This total includes persons referred, verified, and/or receiving educational services.

** This total includes persons actually receiving educational services.

OVERALL PROJECT OBSERVATIONS AND RECOMMENDATIONS

INTERMEDIATE UNIT 23

PROJECT ADMINISTRATION:

The overall project director is the assistant director for special education for the I.U. He is aided in the day-to-day operation of the project by the assistant project director who is also the I.U.'s coordinator of federal programs in special education. Full-time project staff include a case manager, an information manager, a psychologist, a speech clinician, a speech pathologist, a teacher of the deaf, two special education teachers, two aides, and two information specialists. A part-time physical therapist and occupational therapist provide services to the project through funding by the MH/MR Board. Supervisors from the I.U. also advise classroom teachers.

Intra-staff communication among the administrators and project staff is both formal and informal. Informal communication occurs daily, whereas formal monthly meetings are held which are attended by the project director, assistant director, case manager, information manager, psychologist, speech pathologist, social worker, and classroom supervisors. Classroom teachers and therapists function somewhat autonomously.

The project staff displayed an excellent familiarity with project objectives. They are extremely enthusiastic about the project and dedicated to meeting the stated objectives.

The staff has cultivated a good working relationship with outside agencies. One indication of the quality of this relationship is the number of outside agency personnel serving on an advisory committee for the project. The committee meets monthly to aid in program planning and proposal/budget writing. The following agencies/persons are represented: MARC, ACLD, Wordsworth Academy, Pathway School, Montgomery County MH/MR, Child Welfare, school districts, diocese, and parents. An additional parent liaison committee meets informally once or twice a year to offer suggestions for improving services provided by the project.

PROGRAM OPERATION:

The project has six basic components: public awareness campaign, diagnostic evaluations, classroom instruction, home-bound instruction, parental involvement, and child tracking system.

The public awareness campaign is both extensive and well conceived. The information manager has utilized such techniques as newspaper advertisements and articles, project poster and pamphlets, outside agency newsletters, letters and meetings with public schools, physicians, agencies, and radio announcements.

Initial referrals are accepted by the two information specialists/project secretaries, case manager, or information manager. Following referral, the

case manager visits the home to conduct a brief screening and take a developmental history. At this time, release-of-information forms and evaluation permissions are obtained from the parents. A diagnostic evaluation is then scheduled within four to six weeks. Following the evaluation, the case manager and psychologist meet to compile the various evaluations and decide upon placement. The case manager then revisits the home to provide feedback on the evaluations and counsel the parents concerning appropriate placement. Persons evaluated could be placed in one of the project's classrooms or referred to an outside agency. In the latter case, all evaluations are forwarded to the agency with the parents' permission. I.E.P.'s are developed for those persons receiving project services.

The second component involves extensive diagnostic evaluations provided by the project. The diagnostic tests offered are speech, hearing, and vision screenings, and psychological and pediatric examinations. When necessary, psychiatric and/or neurological evaluations are performed. The diagnostic evaluations are used to determine placement and develop I.E.P.'s.

The third component, classroom instruction, is an integral part of the project. There are three classroom sites: Valley Baptist School, Gwyn Nor School, and Thomas Fitzwater School (not visited).

There is a morning and an afternoon class at Valley Baptist School, with five persons in each. Morning sessions run from 9:00 to 11:30 and afternoon classes from 12:30 to 3:00.. Both classes are non-categorical. The special education teacher and her aide have developed I.E.P.'s for each person. General goals include increasing socialization and awareness of environment. No specific curriculum is employed. Rather, an eclectic approach is utilized. All persons receive the services of an occupational therapist, physical therapist, and speech therapist one day a week. The therapists work with each person both individually and in small groups. They closely coordinate their activities with those of the teacher.

Separate morning and afternoon classes are also held at Gwyn Nor School. There are five hearing-impaired or deaf persons in each class. Sessions run from 8:45 to 11:15 and 12:30 to 2:45 for the morning and afternoon, respectively. A dedicated and highly qualified teacher of the deaf works alone with the handicapped persons. A total communication approach is employed and Northwestern University's Preschool Guide for the Hearing Impaired is utilized. The latter includes unit objectives which must be reached before the next content area can be pursued.

Finally, the Thomas Fitzwater School has two non-categorical classes with separate morning and afternoon sessions.

The fourth project component is home-bound instruction provided to seven language and learning disabled persons. A speech clinician visits the home twice weekly for a 45 minute to one hour session. Emphasis is placed on involving the parents in implementing activities in the absence of the teacher.

INTERMEDIATE UNIT 23

The fifth project component is parental involvement. To date, there are two well developed parental activities. Parent group counseling sessions are run by a project psychologist every two weeks. Approximately ten sessions are held, with about eight parents attending. The goal is to help parents with the problems involved in having an exceptional child. The second organized parental involvement component is the sign classes provided by the teacher of the deaf. Parents of the deaf and hearing-impaired students at Gwyn Nor meet with the teacher once a week to learn the total communication approach.

The final project component is the child tracking system. A computerized system is in final planning stages. A manual file is maintained by the information manager with the following information recorded: identifying information (name, sex, address, guardians, school district, age, etc.); referral source; consent forms; previous evaluation and results; dates of case manager's interview, each project evaluation, and feedback to parents; diagnosis and placement. The child tracking system allows the I.U. to alert each school district to the number and type of exceptional persons who will enter school each year.

INTERMEDIATE UNIT 23

EXTENT TO WHICH THE SEVEN OBJECTIVES (AS DEVELOPED BY THE BUREAU OF SPECIAL AND COMPENSATORY EDUCATION) ARE BEING MET BY THE PROGRAM

Objective 1- To create public awareness of programs and services available to previously unserved handicapped persons.

Project information is disseminated to the community and to those involved in the project by means of articles and advertisements in newspapers, brochures, newsletters to outside agencies, letters and/or meetings with public schools, physicians, agencies, and radio announcements. In addition to the above activities, referrals have come from MH/MR base service unit, local hospitals, child welfare agencies, public/state health clinics, day care centers, and social service agencies.

Objective 2- To locate unserved handicapped persons aged 0-21 years; to locate, identify, and verify all previously unserved preschool handicapped persons.

Multi-disciplinary diagnostic evaluations for verification of handicapping conditions are provided by the project. The results of the evaluations are used to identify the persons' handicapping condition and for developing I.E.P.'s. In addition, physicians provide diagnostic evaluations to the project.

Objective 3- To provide individualized program plans for handicapped persons served or assigned by means of EHA-B.

The Bayley Scales of Infant Development, the Vineland Social Maturity Scale, the Boehm Test of Basic Concepts, the Leiter International Performance Scale, and the Columbia Mental Maturity Scale are some of the assessment tools/procedures being used by the project staff for purposes of screening, diagnostic/classification, and developing I.E.P.'s. Approximately 287 parents are involved in parent education groups. There were four sessions of two hours each held for these groups. Twice a year, parent seminars are held for 35 parents. Approximately 36 parents are involved in the planning of I.E.P.'s. This takes place once a year or more often if requested. In addition, 16 parents are instructed on how to carry out educational and therapeutic programs in the home. Observation and consultation occurs as needed.

Objective 4- To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.

The target population of the preschool program is those unserved or underserved handicapped persons aged 3-5. Approximately 20 preschool handicapped persons are served by the project in

self-contained classrooms, and seven are served in the home. Currently, no handicapped preschoolers are integrated into regular preschool programs. In addition to classroom and in-home services, the project also provides individual tutoring in the classroom, and speech and physical therapy. With financial assistance from MH/MR base service unit, the I.U. personnel provide occupational therapy to the project. The eclectic approach is the curricular base being utilized in the project. Of the present handicapped persons in the project, none will enter regular school classes when they become school age.

Objective 5- To develop and maintain a child-tracking system that meets I.U., state, and national level information needs about persons served under EHA-B.

Criterion reference tests are post-administered by the teacher at the time a preschool handicapped person leaves the project. The purpose is for evaluation and program planning for school-age or alternative programs. The results of this evaluation are used for child-tracking purposes. The child-tracking system developed has 14 components, including the person's name, address, date of entrance into program, stages of the multi-disciplinary evaluation, placement and due process information.

Objective 6- To provide resource information necessary for adequate services to handicapped persons under EHA-B.

The project maintains an excellent relationship with public and MH/MR base service unit. In addition to maintaining a good relationship with the medical community, other I.U.-operated programs, and private agencies, the project has a fair relationship with other preschool programs. The project disseminates information to the above agencies through brochures, pamphlets, letters, etc. In addition to these services, the project provides inservice to the project staff and disseminates information to school districts through letters and parent groups.

Objective 7- To gather, summarize, and report information about EHA-B programs and services for management, accountability, and on-going planning purposes.

Total population of I.U., past experiences, census of school system, and estimates for MH/MR base service units, MARC, and private preschools were used to determine projected number of persons. An advisory committee, formal and informal, is composed of representatives from MARC, ACLD, Wordsworth Academy, Pathway School, Montgomery County MH/MR, Child Welfare Service, school districts, and parents. Since January they have been meeting once a month on a formal basis and once or twice a year informally. The main purpose is for program planning.

INTERMEDIATE UNIT 23

RECOMMENDATIONS:

1. Communication among administration (project director, assistant director, case manager, information manager, etc.) is excellent, as is communication among direct service personnel (teachers, their supervisors, therapists, etc.). However, there is a communication breakdown between these two groups of professionals. Attempts should be made to eliminate this breakdown by improving the quantity and quality of formal and informal meetings.

2. All diagnostic evaluations (speech, hearing, psychological, etc.) are conducted separately, with the results compiled by the case manager and psychologist. Decision for placement is the responsibility of these two staff members. Consideration should be given to conducting individual child staffings to make this decision, particularly in cases where extensive evaluations (e.g., psychiatric, neurological) are required.

3. Teachers should have more input into placement decisions. Currently, persons are placed in a particular class on the recommendation of the case manager and/or psychologist. The teachers should be involved in this decision since they know the composition of their classes better than anyone else. Perhaps a "trial period" could be instituted during which time evaluations as to the appropriateness of placement could continue.

4. At present, one teacher of the deaf works alone with all the hearing-impaired or deaf students. Consequently, she is unable to provide intensive, individual speech and language therapy. Consideration should be given to providing an additional part-time speech clinician to fulfill this need.

5. More inservices should be provided to the teachers and therapists. At present, therapists are paid per diem with no allotments for inservice training.

6. At the present time, funding for the occupational therapy and physical therapy is being provided through MH/MR on a part-time basis. Consideration might be given to expanding therapy services in the non-categorical classes for those persons needing daily therapy.

7. There are some areas in the county from which referrals have not been received for at least two years. Location and identification procedures should be re-evaluated and other methods of public awareness should be considered.

INTERMEDIATE UNIT 23

I.U. AND PROJECT STAFF INTERVIEWED

	Name	Title
1.	Dr. Robert H. Leiss	Project Director Assistant Director for Special Education
2.	Barton B. Proger	Assistant Project Director Coordinator of Federal Projects in Special Education
3.	Janet E. McBride	Supervisor Special Education/ Hearing Impaired
4.	Ruthann Pasker	Hearing Therapist
5.	Patricia Warliga	Preschool Teacher
6.	Kathryn Schlaudecker	Occupational Therapist
7.	David R. Shiery	Case Manager
8.	Bonnie E. Carr	Information Manager

Total I.U. and Project Staff Interviewed: 8

Total Parents Interviewed: 5

PROJECT LOCATIONS VISITED

Special Education Center
1605 W. Main Street
Norristown, PA 19401

Gwyn Nor
Hancock Road
North Wales, PA 19454

Plymouth Valley Nursery School
705 Germantown Pike
Plymouth Valley, PA 19401

APPENDIX P

REFERRAL SOURCE TALLY

SOURCE OF REFERRAL - TALLY (1976-1977) AS OF JUNE 9, 1977

School District	21
Parent Program (J. Kern's)	5
Day Care/Nursery School	44
Private Schools	3
Medical Community	
Doctors	9
Hospitals	4
Community Agencies	42
Friends/Neighbors	29
DEBE's	17
Poster/Brochure	12
I.U. Staff	21
Other Title VI Programs	6
Newspaper Article/Ad	12
TV/Radio	4
Unknown	7
Minister/Church	1
	237

Inactives

Unknown	2
DEBE	2
Day Care	1
School Dist.	1
	6

APPENDIX Q

NUMBERS OF CHILDREN IDENTIFIED

COMPONENT 2 - FINAL REPORT OF LOCATION AND IDENTIFICATION SERVICES (Status as of 6/30/77)

OUTCOME UNITS	NUMBER OR AMOUNT REPORTED		
	Number of Children		
	Birth - 2	3 - Entry	Entry - 21
Referral			
Referrals of thought-to-be handicapped children (excluding group screenings) - TOTAL	21	191	13
Screening			
Children screened for possible handicap - TOTAL	21	191	13
Verification			
Children evaluated for verification - TOTAL	18	179	0
Children verified as handicapped - TOTAL	18	144	unknown

	Severity of Handicap		
	Mild	Moderate	Severe
Mentally Retarded	23	21	5
Learning Disabled	3	2	
Emotionally Disturbed	18	4	2
Other Health Impaired		2	2
Crippled	1	3	
Visually Handicapped		1	1
Deaf-Blind			
Deaf			10
Hard of Hearing			
Speech Impaired	32	25	7

PROGRESS --

a. Outcome Units	More than Expected	Fewer than Expected	As Expected
b. Timelines	Ahead of Schedule	Behind Schedule	On Time
c. Resource Availability	Resources Super Abundant	Resources Insufficient	Resources Adequate

APPENDIX R

EVALUATION INSTRUMENTS

EVALUATION INSTRUMENTS

Bayley Scales of Infant Development
- Mental Scale Developmental Index
- Motor Scale Developmental Index

Boehm Test of Basic Concepts Reported in Percentiles

Beery-Buktenica Developmental Test of Visual-Motor Integration
- VMI Age Equivalent

Children's Apperception Test

Draw-A-Man (Goodenough Scoring)
- Standard Score Points

Hiskey Nebraska Test of Learning Aptitude

Leiter International Performance Scale

Maxfield-Buchholz Scale of Social Maturity for use with Preschool Blind Children

McCarthy Scales of Children's Abilities
- Verbal Scale Index
- Perceptual-Performance Scale Index
- Quantitative Scale Index
- General Cognitive Index
- Memory Scale Index
- Motor Scale Index

Peabody Picture Vocabulary Test

PreSchool Attainment Record
- PAR Attainment Age
- PAR Attainment Quotient

Wechsler PreSchool Primary Scale of Intelligence
- Verbal Scale IQ
- Performance Scale IQ
- Full Scale IQ

Stanford-Binet Intelligence Scale - 1972 Norms

Rorschach

Vineland Social Maturity Scale - Parent Response
- Social Age Equivalent
- Social Quotient

Hunt-Uzgiris Ordinal Scales of Development

Berges-Lezine Imitation of Gestures Procedure

APPENDIX S

SAMPLE IEP

NON-CATEGORICAL CLASS

Current IEP Date: _____ IEP Review Date: _____

CHILD'S NAME: C.H. BIRTHDATE: 3 / 18 / 73 (Mo. Day Yr.) AGE: 3 Yrs. 10 Mos.

PARENT/GUARDIAN: _____ SCHOOL DISTRICT: _____

ADDRESS: _____ CURRENT ASSIGNMENT: M.C.I.U. Preschool

IEP PLANNERS:

Name	Relationship To Child	PLANNING HOURS Data Collection	IEP Development
	Teacher	2½ hrs.	2½ hrs.
	Speech Therapist	2 hrs.	1½ hrs.
	Physical Therapist	2½ hrs.	1½ hrs.
	Occupational Therapist	2 hrs.	1½ hrs.
	Psychologist	3 hrs.	1 hr.

TYPE AND EXTENT OF RECOMMENDED* EDUCATIONAL SERVICES:

Program/Service Educational Assignment	PROJECTED DATES Initiation	Termination	Contact Hours	Environment/ Extent Regular non-catagorical	Personnel	Instructional Objective Revision Schedule
	on going	7/78	2½ hrs. 5 days/wk.	pre-school		Weekly
Speech	Oct. 76	7/78	½ hr.	"		Initial/Mid-term Final
P.T.	Oct. 25,76	6/17/78	½ hr./wk.	"		"
O.T.	Nov. 76	7/78	½ hr.	"		"

*Components of the plan are subject to revision as they are outdated by the child's development.

PRESENT EDUCATIONAL LEVELS
ANNUAL GOALS AND SHORT-TERM OFJECTIVES

SUMMARY OF CHILD'S STATUS:

"C.H, three years 6 months at the time of evaluation, was seen initially with her mother in a screened off area of her classroom. She was mildly distractible and appeared to fatigue quickly. She appeared to be developing a cold and additional testing was scheduled for another day. At that second session, she sat without support at a small table. She was not distractible but rarely looked at what she was doing despite verbal directions to do so. Much of her attention was directed to searching the examiner's face. She was quick to react to facial expression particularly smiles. This generally prompted a high pitched breathy stacatto laugh. She was quick, however, to imitate a cough. Consistent skill development to the 12 month old level was demonstrated. Inconsistent development was evidenced to the 19 month old range. She places objects into containers on command, scribbles with a crayon, follows simple directions, and places shapes into corresponding holes in form boards. Her performance on the latter is inconsistent suggesting that C.H's selective attention interferes with her performance. As reported by her mother, her self-help and social competency skills are on a consistent level, i.e. approximately 14 months."

COMMUNICATION
Present Level: C.H. tracks moving objects and localizes to a sound source. At times, she nods to indicate "yes". She points often, makes sounds, and follows very simple directions. She will play with a few toys appropriately and can point to a few facial-body parts on command.

Receptive Goal: Child increases awareness and participation in environment.

Objectives:
1. When presented with old and novel toys, child will touch, manipulate and explore 90% of the time by June 77.
2. Child will search for and find objects hidden from view 100% of the time by June 77.
3. When given simple one stage directions (i.e. throw the ball, spin the toy, crawl here, etc.) child will respond 100% of time by June 77.

Expressive/Gestural Goal: Child increases expressive repetoire through use of sounds, words and gestures.

1. When physically or verbally prompted child will say or gesture the following word concepts: "me, want, more, up, down, stop, go, in, out, all gone."

GROSS MOTOR
Present Level: C.H. accomplishes gross motor skills comparable to those of the average 9 month old child. She has good sitting balance and can sit for long lengths of time unsupported. Her main means of locomotion is hitching on her buttocks or an army crawl. She will not assume a 4 point position or crawl. She is unable to assume and maintain a kneeling position. When assisted

to standing at furniture, she is able to cruise independently, though most frequently to the right. Fine motor skills at 15-18 month level. Grasp/release are present bilaterally. Grasp patterns are palmar and occassional crude pincer in rue.

Gross Motor Goal: Improve and refine presently accomplished motor skills and initiate other skills.

Objectives:
1. C.H. cruises to the left for a distance of 15 to 20 feet with 90% accuracy by Sept. 1977.
2. C.H. exhibits a parachute reaction in the left upper extremity with 50% accuracy by Dec. 1977.
3. C.H. maintains a crawl position for 20 seconds with 90% accuracy by June 1977.
4. C.H. crawls 5 feet with 70% accuracy by June 1977.
5. C.H. pulls to stand at furniture and lower herself to the floor without falling with 60% accuracy by Sept. 1977.

Fine Motor Goal: C.H. will demonstrate increased use of pincer grasp in appropriate fine motor tasks.

Objectives:
1. C.H. will place a set of 1" pegs in pegboard within time limits 90% of the time by June 1977.
2. C.H. will utilize pincer grasp in placing a set of small objects into container 90% of the time by June 1977.

SELF HELP

Present Level: C.H's range of self-help skills include finger feeding independently and drinking and spoon feeding with guidance. She assists in dressing and washing. Her skills are at the 14-16 month level in this area.

Personal Hygiene Goal: Child increases level of independence in personal hygiene skills.

Objectives:
1. Child displays observable gesture resulting in success on potty 100% of time by May 1, 1977.
2. Given wash cloth, child brings it in contact with face by May 20, 1977.

Dressing Goal: Child independently removes several articles of clothing.

Objectives:
1. Upon verbal command child independently takes pants off 90% of time by March 30, 1977.
2. Upon verbal command child independently takes shirt off 90% of time by April 15, 1977.
3. Upon verbal command, child independently takes coat off 90% of time by April 30, 1977.

SOCIALIZATION

Present Level: C.H. is beginning to handle toys appropriately. She does not engage in co-operative play. Her attention span is short, and she often responds to activities by screaming.

Interpersonal Goal: Child engages in structured co-operative play.

Objectives:
1. Given command to roll ball to one other child, C.H. will follow through 85% of time by May 15, 1977.
2. During 15 minute play period, child is observed offering toy to another child at least one time by June 1, 1977.

Behavior Goal: Child eliminates resistance to change of routine.

Objectives:
1. Child responds positively (no crying or screaming) when toy is takenaway from her 90% of time by May 10, 1977.
2. Child responds positively (no crying or screaming) when stopping one activity and starting another 100% of time by June 15, 1977.

COGNITIVE

Present Level: C.H. tracks moving objects vertically and horizontally. She is just beginning to respond to her environment as evidenced through voluntary exploration. She exhibits signs of tactile defensiveness and needs encouragement to participate in new activites. She will point to most facial body parts and imitate very simple hand movements (i.e. waving, clapping, tapping).

Reasoning Goal: Child demonstrate awareness of object permanency.

Objectives:
1. Child uncovers partially hidden object (1 screen) 90% of time by April 1, 1977.
2. Given cup and edible object, when object is placed under cup, child will pursue 90% of time by May 1, 1977.
3. Given closed container containing object child will open container to retrieve object by June 1, 1977.

Perceptual Goal: Child increases the number and range of problems she can solve using various dimensions of objects.

Objectives:
1. C.H. will discriminate between two sounds (ex. ringing bell, struck drum) by pointing to sound-producing instrument 85% of time by April 30, 1977.
2. Given verbal command to find a familiar object placed in close proximity, child obtains object 90% of time by May 10, 1977.
3. Given objects of 2 different textures (i.e. smooth, rough, soft, hard) child will pair objects by tactile discrimination with 100% accuracy by June 1, 1977.

APPENDIX T

END OF YEAR SUMMARY REPORT

NON-CATEGORICAL CLASS

ATTENTION: PLEASE USE LEGIBLE PRINTING OR HANDWRITING

PERIOD COVERING: 9/10/76 to 8/3/77 DATE: 8/3/77
DATES IN ATTENDANCE: Regular Sch. Yr. Present: 150 days Absent: 23 days
Summer Sch. Present: 21 days Absent: 9 days

TITLE VI-B--PRE-SCHOOL CLASS

SUMMARY OF ACADEMIC AND THERAPY PROGRESS REPORTS
SCHOOL YEAR 1976-77

PUPIL'S NAME: C H B.D.: 3-18-73
Last First Middle
PARENT/GUARDIAN M/M School Dist.:
HOME ADDRESS:
DIAGNOSIS: Development Delay
ASSISTIVE DEVICES:

CLASSROOM TEACHER: SPEECH THERAPIST:

PHYSICAL THERAPIST: (9/76-OCCUPATIONAL THERAPIST
6/77-present 6/77)

PSYCHOLOGIST: DATE OF PSYCHOLOGICAL EVALUATION 9/29/76

INSTRUCTIONAL CONTENT AREA: Communication Goal: Child increases awareness and involvement with environment and increases expressive repetoire through words and gestures.

RELEVANT BEHAVIORS:
C.H follows one step commands appropriately when they are accompanied by gestural cues. She uses vowel vocalizations to attain an adults attention, or to request items. She was initially resistant to vocalization during a task, but has recently begun to vocalize in initative situations.

INSTRUCTIONAL CONTENT AREA: Self-help Goal: Child increases level of independence
RELEVANT BEHAVIORS:
C.H. drinks from a cup, finger feeds and uses a spoon independently. She is resistant to water and needs physical and verbal prompting when attempting personal hygiene skills. She responds to commands involving dressing (i.e. pants down, arms up), but is generally dependent in dressing skills. Toilet training was started during summer session and C.H. currently averages 2 accidents weekly.

Title VI-B-- Pre-School Class

Summary of Academic and Therapy Progress Reports 1976-77

Page 2

INSTRUCTIONAL CONTENT AREA: Socialization: Child increases amount of parallel play and increases spontaneous peer interaction

C.H's current play patterns are primarily isolative. C.H was transferred to the afternoon session this summer, and an increase of parallel play was observed. She constantly seeks adult attention, but peer interaction is very limited.

INSTRUCTIONAL CONTENT AREA: Behavior Goal: Child eliminates resistance to change in routine, and demonstrates more positive ways of making needs known.

RELEVANT BEHAVIORS:
C.H.'s ability to change has greatly improved and she does so without screams or protest 90% of the time. She uses gestures and one syllable utterances to make her needs known 80% of the time, as opposed to crying and temper tantrums.

INSTRUCTIONAL CONTENT AREA: Cognitive Goal: Child increases number and range of problems.
RELEVANT BEHAVIORS: She can solve involving various dimensions of objects. C.H began sorting 2 groups of grossly different objects by shape and color with 75% accuracy this summer. Her ability to duplicate simple block and peg patterns has increased to an 80% rate of accuracy. She has problems with spatial concepts (up,down, over, under etc.), but will imitate these concepts when modelled.

CLINICAL SERVICES

Physical Therapy: Times per week: 1 for 30 minutes.
Referring Physician: _____ Tel.: _____
Address: _____
Prescription: Increase strength in head control in prone and sitting: encourage better patterns of functional mobility; increase sitting balance.
Goals: Encourage reciprocal action and muscle tone; improve general muscle strength; encourage and improve grass motor skills.
Progress: C.H exhibits gross motorskills comparable to the average 12 to 15 month child with scatter skills at the 18 month level. This is in contrast to testing in January 1977 when C.H presented skills of an average 9 month old.

Title VI-B-- Pre-School Class

Summary of Academic and Therapy Progress Reports 1976-77
Page 3

CLINICAL SERVICES (Cont'd.)

Additional Comments: _____

Occupational Therapy: Times per week: 1 for 15-30 minutes.

Referring Physician: _____ Tel: _____
Address: _____
Goals: C.H will demonstrate improved motor planning and problem-solving skills in both fine and gross motor tasks.

Progress: C.H. has shown some improvement in her ability to perform a variety of manipulatory tasks upon presentation, but needs continued work in this area on both a fine and gross level. Her attention to a task is extremely poor and she is moderately distractible.

APPENDIX U

SAMPLE IEP

HEARING IMPAIRED CLASS

I. E. P. Recommendations for S.R for beginning school year Sept. 77

1. increase general language complexity of conversations, descriptions of objects and events for his understanding
2. encourage attempts to answer WH questions
3. increase understanding of past verb tense
4. deepen understanding of prepositional phrases
5. strive for localization of source of speech sounds at ten feet in quiet surroundings and five in noise
6. encourage imitation of increased vocabulary and phrases according to correct stress and speech patterns
7. increase amount and complexity of phrases understood auditorally
8. increase speech approximation of familiar vocabulary and phrases

PRESENT EDUCATIONAL LEVELS

ANNUAL GOALS AND SHORT-TERM OBJECTIVES

Summary of child's status by psychologist, physician, therapist and other consultative services:

S , born 6- -72, has been enrolled in a class for hearing-impaired children because according to an audiological and otological examination, he has a bilateral progressive moderate-severe hearing loss and requires use of a hearing aid. This has contributed to demonstrated language competencies below what is expected for his chronological age and reduced use of residual hearing.

Reports and various kinds of testing results are on file at the Lansdale School for Hearing Impaired Children. The latest psychological report was done on 7- -76 by for Title VI Pre-school Project. The latest audiological report was done by at Children's Hospital on 10- -76.

Comments: The following education program has been developed for completion by June 1977. Performance on the objectives is to be expected 80% of the time unless if noted "inconsistent response" which means 50% performance.

I. Communication

Entrance Level Sept. '76:

spontaneous expressive language was verbal 2 to 3 word sentences, sometimes accompanied by signs
large auditory receptive vocabulary
with the use of total communication, demonstrates comprehension of a wide range of commands and with help or repetition, questions auditory response to clued and unclued sounds and words at 10 feet.

Receptive Goal:

S shall be guided to development of receptive language competencies and maximum use of residual hearing for interaction with peers and adults, for appropriate understanding in lessons, for following a wide range of simple commands and questions in the classroom.

Objectives:

S The child shall demonstrate understanding that words can describe location of an object or person by indicating place of person or object that the teacher describes.

The child shall demonstrate understanding of the question forms what, where, who, how and why when used to get information about something.

The child shall demonstrate understanding of plurality by indicating more than one object or person when the teacher gives the plural form.

I have 2 boxes - just beginning

+ The child will demonstrate understanding of time relationships by pointing to the appropriate picture when the teacher uses past and present verb tenses to describe the action.

S The child will indicate understanding of precise descriptions of objects or events the teacher presents by pointing to the correct object or carrying out the appropriate direction.

T The child will indicate understanding of "to, for, with" by carrying out appropriate directions given by the teachers.

+ The child indicates understanding of pronouns by demonstrating appropriate relationships when the words are presented by the teacher.

S The child will indicate understanding of spatial relationships by carrying out teacher's directions which incorporate on, in, next to, in front of, under, behind, and between.

Use of Auditory Oral Aspects of Language - Receptive Language

+S The child shall demonstrate recognition of source of sound by indicating its location 3-10 feet
- a. environmental sounds
- b. speech sounds

+ The chi ld shall discriminate the length of production by indicating which is longer
- a. environmental
- b. speech

+ The child shall respond to intonation patterns by imitation
- a. phrases
- b. sentences

+ The child shall respond to stress patterns by imitation
- a. words
- b. sentences

+ The child shall attach meaning to the acoustic message by indicating objects or picture referred to auditorally
- a. Gross discrimination
- b. Fine discrimination

+ The child will extract information from the acoustic message by following directions or answering a question

+ + The child will produce words of difficulty making use of a multisensory approach emphasizing audition

Expressive Goal:

S shall be guided to development of expressive language competencies for communicating with peers and adults, expressing needs and wants, for requesting and ingesting information, for describing present and past events, for verbalizing feelings.

Objectives:

- The student will combine words to take about a change in location
- The student shall express his wants by using words as like, want, need
- The student will use words to denote location of an object or a person
- The student shall use "what", "Where" and "why" to get information
- The child shall use words like gonna hafta or let's (maybe) to demonstrate their understanding that events are not limited to the immediate.
- The child demonstrates understanding of possession through use of the 's' ending.
- The child will use "am, is and are" in their communication

II. Motor

Entrance Level Sept. '76:

Commensurate with age level and ability
alternates feet going up and down stairs
can run or turn without falling
throws bean bag in basket at 4 feet
cuts along a straight or curved 4" line
colors within circle

Gross Motor Goal:

shall be guided to development of gross motor skills commensurate with age level and ability.

Objectives:

- The child will gallop smoothly leading with either foot 10 feet.
- The child will throw a ball forward 18 feet holding the ball in one hand.
- The child will bounce a large ball under control for 4 bounces.
- The child will hop on 1 foot 4 hops without aid.
- The child will keep a balloon from touching the floor by batting it for 30 seconds.

Fine Motor Goal:

shall be guided to development of fine motor skills commensurate with age and ability.

Objectives:

+ The child will demonstrate the ability to lace a shoe

+ The child shall demonstrate the ability to tie his/her shoe lace in a single knot

+ The child will be able to follow a given stimulus with his eyes without moving his head

III. Self-Help

Entrance Level Sept. '76:

able to put on and take off outdoor and indoor clothing unassisted excluding fastening
able to wash hands unassisted
toilets unassisted
pours from pitcher unassisted without spilling

Self-Help Goal:

S shall be guided to development of self-help skills necessary in carrying out activities in the classroom, commensurate with age and ability.

Objectives:

+ The student shall attempt to button buttons. The student shall demonstrate ability to button large buttons.

+ The student shall inconsistently use kleenex without reminding and throw it in the appropriate container.

+ The student will consistently stop at the curb and not cross the street before being told.

IV. Socialization

Entrance Level Sept. '76:

able to initiate and join in play with peers and teacher with enjoyment and expected sharing skills
some lack of ability to express himself when angry or sad
takes responsibility for repeating and remembering the teacher's rules for the children
often asks if its all right to do something
attention time ample for group, single and lesson activities

Interpersonal Goal:

S shall be guided to development of interactive social behavior commensurate with age and ability.

Objectives:

+ The child shall put away toys after free play without being reminded

+ The child will demonstrate the ability to try new things independently

Behavior Goal:

S-- shall be guided to development of increased self-confidence, independence and social maturity commensurate with age level and ability

Objectives:

+ The child will achieve social contact through the use of language such as meaningful gesture, verbal approximation, formal sign

V. Cognitive

Entrance Level Sept. '76:

interaction with environment in meaningful activity
appropriate play with meaningful objects
identifies gender
number concept to 10
gives first and last name
names 4 basic shapes

Reasoning Goal:

S-- shall be guided to development of ability to form strategies for problem solving which incorporate observation, discovery, prediction, cause and effect.

Objectives:

+ The child will imitate developmentally appropriate modeled behaviors upon request

+ The child will indicate use of common toys or household items when shown a picture of them

+ The child observes and asks questions about other's activities

+ The child shall discover that one object has another purpose

Perceptual Goal:

S-- shall be guided to development of perception skills commensurate with his age and ability.

Objectives:

+ The child will be able to place object in front of or in back of himself when requested

+ The child will be able upon holding or lifting 2 objects to tell which is heavy and which is light, i.e., block and feather

The child will repeat finger plays with actions from memory (finger plays to be of simple actions of 4-6 sentences)

+ The child will name shapes, circle, triangle and square in his environment no matter what form the shapes take, i.e. table top, picture frame

APPENDIX V

CONNECT FEEDBACK

CONNECT
Coordination and Outreach Network
for the Needs of Exceptional Children Today

1-A North Progress Avenue, Harrisburg, Pennsylvania 17109 Phone (717) 783-3238

December 21, 1976

Dr. Bart Proger
Intermediate Unit 23
1605B West Main Street
Norristown, PA 19401

Dear Dr. Proger,

Thank you for allowing us so much time on Tuesday. We appreciate your effort in having all people involved in the development of the IEPs present. We hope we alleviated some concerns you had, and clarified any confusion that may have existed.

The following three sections reflect our analysis of the IEPs your supervisors and teachers provided.

I ASSURANCE PAGES:

The front side of the DEBE forms were not complete.

A. The Current IEP Date is the same date of the last signature on the front side of the assurance form.

B. The IEP Review Date is required within one year of the current IEP date.

C. The Instructional Objective Revision Schedule is the schedule that the implementor will follow in evaluating and revising his/her instructional objectives.

II FORMAT FOR PROGRAM PLAN:

Any problems or concerns in the program area appeared to be resolved.

A. The present level areas could contain an age level of the child and a narrative statement of the child's ability.

B. The instructional objectives appeared to reflect the annual goals and present levels of the children. The criterion and the condition were missing in some of the objectives.

III PROGRAM OBSERVATION:

Because of the limited observation time and the situation (substitutes in the class) we can not make any valid comments concerning the implementation of the IEPs with the children. It is the intent of the pilot study to be

certain that IEPs are implemented and are more than just a paper program. After talking with the teachers, we are assured that the IEPs are in fact being used as the framework for the day to day program.

Again, we appreciate your time and commend you on the IEPs that we perused. If you have any questions or need assistance, feel free to contact us.

Sincerely,

Marie Mardula

Marie Mardula
IEP Specialist

MM/bal

cc: Dr. Robert Leiss
Dr. Peter Boardman
Ms. Jan McBride

APPENDIX W

CLASS GOALS

HEARING IMPAIRED CLASS

MONTGOMERY COUNTY INTERMEDIATE UNIT
PRE-SCHOOL PROGRAM FOR THE HEARING IMPAIRED
CONTENT CURRICULUM OUTLINE

I. CONCEPT OF SELF
   A. Understanding of concept that all people have names.
   B. Ability to answer what's your name?
   C. Demonstrates comprehension or use of related vocabulary including sister, brother, parent, person, people.

II. BODY PARTS
   A. The child will add to his receptive or expressive vocabulary the names of major body parts and functions of some.
   B. Child will be guided in awareness of his body's movements and capabilities.

III. EMOTIONAL AND PHYSICAL FEELINGS
   A. Child will be guided to understanding that he can feel different ways and what the reasons are for them.
   B. Child will be able to tell how he feels and attempt to answer why.

IV. SEASONS AND WEATHER
   A. Child will be exposed to concept that each season has its physical characteristics and that there are special activities and holidays for each season, that there are special clothes for each season.
   B. Child will answer to what is the weather today having been exposed to concepts that there are different kinds of weather, that the temperature changes and the weather is different in each season.

V. CLOTHING
   A. Child will add to his receptive or expressive vocabulary the names of certain articles of clothing along with related expressions.
   B. Child will be exposed to concepts of why we wear clothing and how weather determines clothing.

VI. SHAPES AND COLORS
   A. Child will add to expressive vocabulary the major colors.
   B. Child will identify 4 basic shapes and find them in forms of real things.

VII. FOOD
   A. Child will add to his receptive or expressive vocabulary the names of certain food items along with related expressions.
   B. Child will be exposed to concepts of why we need food, the names of the meals, how we fix foods for eating.
   C. Child will sort foods appropriate for each meal and will sort vegetables, meat and fruit.

VIII. FAMILY

A. Child will be exposed to concepts that a family has many members, what their jobs are.

IX. DAILY ACTIVITIES

A. Child will be exposed to discussion of sequence of activity in his normal day and will participate in sequencing pictures of same.

X. HOLIDAYS

A. Child will be exposed to discussions about general customs of the holidays. Cooking, art projects and stories will center on holiday symbols.

XI. HOME

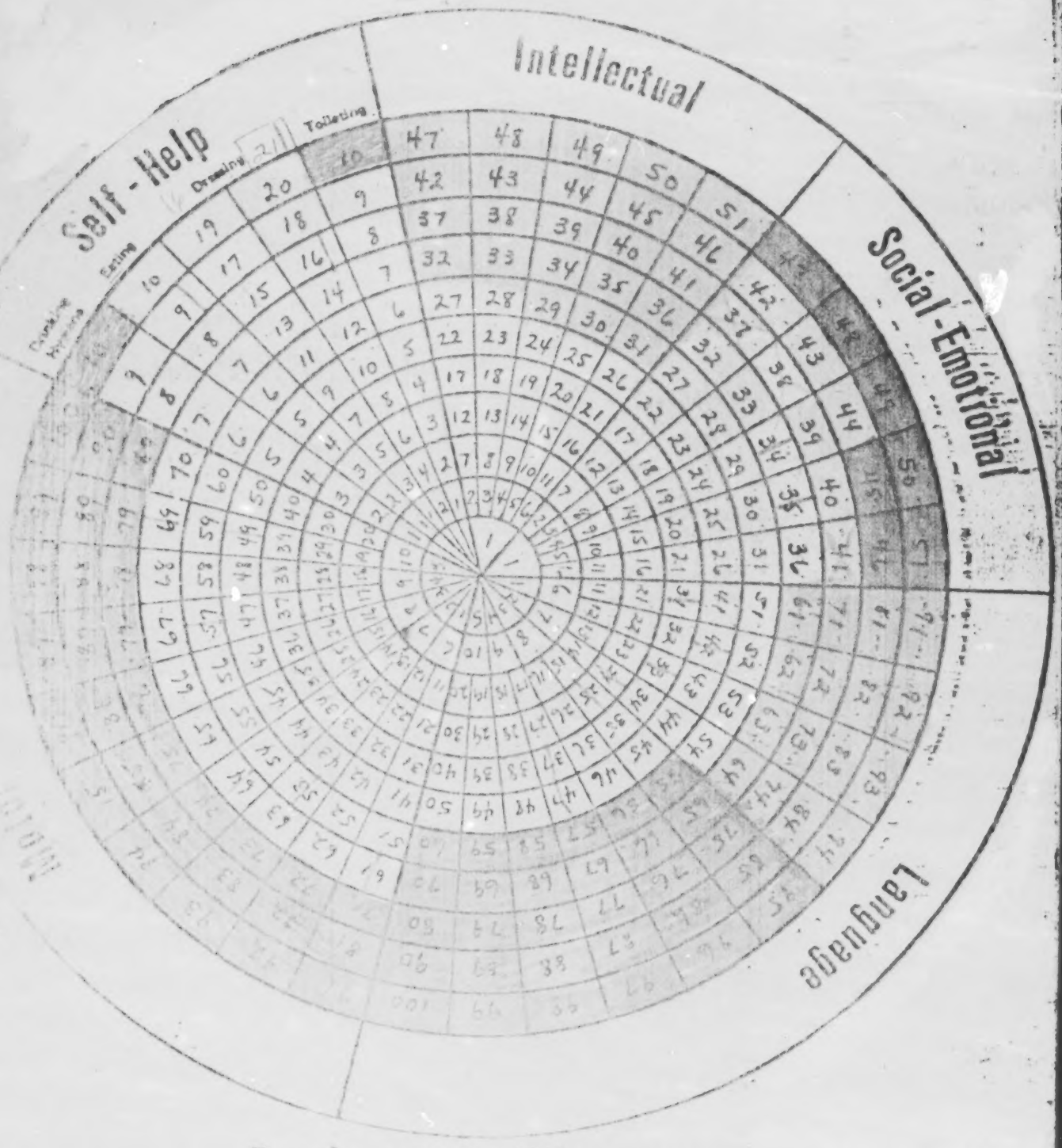
Child will be exposed to certain concepts, vocabulary and expressions concerned with a house.

A. Home is where I live.
B. Homes are different but all have somethings.
C. Homes have certain rooms for certain functions.
D. Homes give us shelter and provide a place for families to live together.
E. We care for ourselves, our belongings and our home.

APPENDIX X

SCHAUMBERG CHART

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 54
804 W. Biesterfield Road
Schaumburg, Illinois 60172



Developmental Milestones

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APPENDIX Y

CONTENT OBJECTIVES

HEARING IMPAIRED CLASS

Social Emotional

Self

1. The child shall actively explore his/her environment in a random manner.
2. The child shall demonstrate he/she has an effect on people through attracting attention to himself either positively or negatively.
3. The child shall demonstrate he/she has an effect on the environment through positive or negative actions toward an object.
4. The child shall engage in solitary play by occupying him/herself independently for 10 minutes.
5. The child shall demonstrate self-motivation through moving toward a task, become distracted and not carry it through.
6. The child shall demonstrate appropriate self-motivation by moving toward a task and carrying out the action.
7. The child shall engage in parallel play by seeking out other children to be around rather than play by him/her self.
8. The child shall achieve social contact through the use of language such as meaningful gesture, verbal approximation, formal sign.
9. The child shall initiate and maintain attention in a suitable way inconsistently when he/she wants something by gesture, verbal expression or formal sign.
10. The child shall initiate and maintain attention in a suitable way consistently when he/she wants something by gesture, verbal expression or formal sign.
11. The child shall systematically attempt to rely on his/her own resources before looking for assistance from an adult.
12. The child shall consistently share his/her toys with others when the teacher requests it.
13. The child shall share toys when appropriate using his/her own initiative.
14. The child shall make some positive attempt at becoming involved with peers during free play.
15. The child shall take turns with the other children at the teacher's request.
16. The child shall take turns when appropriate using his own initiative.
17. The child shall remain on task for 10 minutes during appropriate self-directed activities.
18. The child shall wear his hearing aid for 50% of the working day.
19. The student shall wear his hearing aid during part of the working day.
20. The student shall wear his hearing aid for all of the working day.

21. The student shall leave his hearing aid on at the appropriate volume.

22. The student shall not chew his hearing aid cord.

23. The student shall not chew his ear molds.

24. The student shall not take his hearing aid apart.

Social Emotional

Peer

1. The child shall indicate he is aware of peer presence in either a positive or negative manner.

2. The child shall actively observe what peers are doing.

3. The child shall acknowledge peer's intentions by gesture, facial or verbal signs of understanding.

4. The child shall seek contact with peer in either positive or negative ways.

5. The child shall imitate behaviors of another peer.

6. The child shall respond to a peer request even though he doesn't carry through the action.

7. The child shall respond to a request by a peer and carry through the action.

8. The child shall seek involvement with peers in a positive way.

9. The child shall demonstrate ability to wait his/her turn for a reasonable amount of time.

10. The child shall join in an activity and remain on task for a short period of time.

11. The child shall participate in an adult initiated activity such as a game, song or lesson for a short period of time.

12. The child shall demonstrate attending behavior in adult initiated activities for short periods of time in music, storytime, structured lessons and games.

13. The child shall demonstrate increased time of participation and attention in adult initiated activities.

14. The child shall assist in toy pick-up when requested.

15. The child shall put away toys by him/herself when requested.

16. The child shall put away toys after free play without being reminded.

17. The child shall demonstrate ability to play in a group without guidance from the teacher.

18. The child will demonstrate ability to change from one activity to another by following a routine.

19. The child will demonstrate ability to adapt to new situations through acceptance in change of routine.

20. The child shall demonstrate the ability to try new things with encouragement from the teacher.

21. The child shall demonstrate the ability to try new things independently.

22. The child shall demonstrate sensitivity for other people's feelings by appropriate actions upon explanation by the teacher.

23. The child shall demonstrate appropriate actions in relation to other people's feelings without guidance from teacher.

24. The child will conform to rules for simple games.

25. The child will assist another child upon request by that child.

26. The child will ask other children to play with their toys.

27. The child will demonstrate courteous responses inconsistently.

28. The child will demonstrate courteous responses consistently.

Cognition

25 - 36 mos.

1. The child shall indicate his/her own gender.
2. The child shall identify 1 primary color
3. The child shall point to body parts, head, eyes, nose, mouth, ears, hair, chin, eyebrow, elbows, knee, cheek upon request of the teacher.
4. The child shall point to big and little when presented with 2 like objects.
5. The child shall match 4 color samples on request.
6. The child shall indicate knowledge of his/her own name.
7. The child shall stack 5 rings in order by size upon request.
8. The child shall imitate developmentally appropriate modeled behaviors upon request.
9. The child shall identify boy and girl in presence of either.

37 - 48 months

10. The child shall place an object in front of or in back of himself when requested.
11. The child shall point to and count 4 pennies when requested.
12. The child shall point to the longer of two dark lines upon request.
13. The child shall add 1 missing major part to a page sized drawing of a person.
14. The child shall indicate (by pointing) "big or little" using a picture which shows an 8" and a 4" object.
15. The child shall identify the emotions happy and sad upon presentations of line drawings of faces.
16. The child shall give his first and last name when requested.
17. The child shall complete a 6 piece puzzle in less than 5 minutes when requested.
18. The child shall indicate use of common toys or household items when shown a picture of them.
19. The child shall place 2 halves of a circle together to form a whole circle in imitation.
20. The child shall identify red, blue, and yellow.
21. The child shall utilize media such as paint, crayons, clay, paper to initiate an art activity.

22. The child shall exhibit ability to describe certain characteristics of an object such as color, size, weight, texture, temperature, odor, etc.

23. The child shall point to and count 5 objects upon request.

24. The child shall upon holding or lifting 2 objects, tell which is heavy and which is light, i.e. block and feather.

25. The child shall repeat finger plays with actions from memory (finger plays to be of simple actions of 4-6 sentences).

26. The child shall point to and name a circle, triangle and a square.

27. The child shall repeat 4 nonsense syllables in imitation.

28. The child shall observe and ask questions about other's activities.

29. The child shall discriminate by touch and describe as smooth or rough and soft or hard.

30. Given a ball of clay, the child shall use his hands to form a ball and a snake upon request.

31. The child shall name shapes, circle, triangle and square in his environment no matter what form the shapes take, i.e. table top, picture frame.

49 - 60 months

32. The child shall sort small items into egg cartons according to size, shape, color and/or design as directed.

33. The child shall name 5 different colors when requested.

34. The child shall demonstrate knowledge of concepts of direction - up, down; around, through; forward, backward; near, far; close to, far from by manipulating objects or themselves to follow verbal directions.

35. The child shall relate 2 objects to the verbalized numeral 2 by indicating 2 objects upon request.

36. The child shall differentiate day and night by demonstrating activity which occurs in each time period.

37. The child shall discriminate the difference between a set of one object and a set of 2 objects upon request.

38. The child shall correctly categorize common objects e.g. silverware, fruit or animals upon request.

39. The child shall categorize furniture on the basis of the room in which it belongs (2 pieces of furniture in each room.)

40. Given 2 piles of objects (of 5 related pairs - 1 in each pile) the child shall match associated items.

41. The child shall identify which object of 3 familiar objects has been removed.

42. The child shall identify the first letter of his first name.

43. The child shall immediately name 3 familiar objects which he saw for 30 seconds and which were then taken from view.

44. Given a 10 minute time limit, the child shall put together a simple puzzle of 5 to 8 pieces.

45. The child shall add 3 parts to an incomplete drawing of a man.

46. Given a set of 5 objects of various heights, the child shall arrange the objects so that they are ordered from shortest to tallest.

47. The child will remember one missing part of a drawn simple, familiar object and produce a drawing adding the missing part (clock - no hands, etc.)

48. Given an outline pring of a common object folded symmetrically in half, the child will correctly name the object.

49. The child shall identify specific times of the day, mealtime, bedtime, etc.

Self Help

1. The child shall consistently indicate his bathroom needs through gesture, signing or verbal expression.
2. The child shall demonstrate the ability to use the toilet unassisted throughout the school day.
3. The child shall demonstrate the ability to wash and dry his hands by himself.
4. The child shall wash his hands at appropriate times inconsistently such as before eating and after toileting.
5. The child shall wash his hands at appropriate times consistently such as before eating and after toileting.
6. The child shall unzip a large zipper on clothing by himself.
7. The child shall demonstrate the ability to unbutton large buttons by himself.
8. The child shall demonstrate the ability to remove his hat and coat by himself with the exception of difficult zippers and buttons.
9. The child shall remove snow pants by himself.
10. The child shall demonstrate the ability to remove outdoor boots by himself.
11. The child shall demonstrate the ability to put on his boots by himself.
12. The child shall demonstrate the ability to put his boots on the correct feet by himself.
13. The child shall demonstrate the ability to zip up large zippers.
14. The child shall attempt to button buttons.
15. The child shall demonstrate the ability to button large buttons.
16. With the exception of difficult buttoning and zipping, the child shall demonstrate the ability to put on his coat and hat with some assistance.
17. The child shall demonstrate the ability to put on his coat and hat by himself.
18. The child shall put on his snow pants by himself.
19. The child shall demonstrate the ability to hang up his clothing unassisted.
20. The child shall hang up his clothing inconsistently without being asked.
21. The child shall hang up his clothing consistently without being asked.
22. The child shall demonstrate ability to use Kleenex when needed with assistance.
23. The child shall inconsistently use Kleenex when needed unassisted.
24. The child shall consistently use Kleenex when needed unassisted.

25. The child shall inconsistently use Kleenex without reminding and throw it in the appropriate container.

26. The child shall consistently use Kleenex without reminding and throw it in the appropriate container.

27. The child shall demonstrate the ability to drink from a cup without spilling.

28. The child shall demonstrate the ability to pour from a milk carton without spilling.

29. The child shall demonstrate the ability to pour from a pitcher without spilling.

30. The child shall demonstrate the ability to drink from a straw appropriately.

31. The child will consistently stop at the curb and not cross the street before being told.

32. The child will inconstently put on and take off his hearing aid correctly unassisted.

33. The child will consistently put on and take off his hearing aid correctly unassisted.

34. The cnild will consistently be able to take his battery out of the hearing aid unassisted.

35. The child will demonstrate ability to test his battery making correct judgements, with assistance.

36. The child will demonstrate the ability to test his battery making correct judgements unassisted.

37. The student will demonstrate the ability to test his battery making correct judgements without being reminded.

Motor Development

Gross Motor

25 - 36 months

1. The child shall stand on 1 foot when aided by a person or an object for at least 5 seconds.
2. The child shall sit down and arise from a child-sized chair without falling.
3. The child shall demonstrate the ability to carry small breakable objects upon request.
4. The child shall walk 10 feet staying between parallel lines 8" apart.
5. The child shall gallop awkardly preferred foot leading for 4 complete movements.
6. The child shall throw small objects a distance of 2 feet while standing.
7. The child shall catch a large ball when it is slowly rolled on the floor to him 2 out of 4 trials.
8. The child shall go up and down stairs one step at a time using the same foot to lead at least 5 steps.
9. The child shall roll a ball forward 2 of 3 trials.
10. The child shall run forward 10 feet without turning.

37 - 48 months

11. The child shall perform a standing broad jump without falling.
12. The child shall stand on 1 foot at least 3 seconds without assistance.
13. The child shall throw a ball underhand in imitation at least 4 feet in a forward direction.
14. The child shall climb a 5 foot slide without assistance and slide down.
15. The child shall hop in place on both feet for 10 seconds with assistance.
16. The child shall catch a large ball with both hands at a distance of 4 feet.
17. The child shall complete a forward somersault on a soft surface with an adult guiding.
18. The child shall jump to the floor from a sturdy surface that is 12" above the floor and maintain balance.
19. The child shall hop with both feet for a minimum of 3 hops without assistance.
20. The child shall bounce a large ball within reach of another person at a distance of 4 feet.

21. The child shall step on a footprint pattern on the floor using the correct feet (left and right).

22. The child shall catch a large ball that is bounced by another person 4 or 5 feet away.

23. The child shall broad jump 19".

49 - 60 months

24. The child shall bounce and catch a medium size ball of a hard surface.

25. The child shall go up and down at least 5 stairs using hand rail and alternate feet.

26. The child shall walk at least 10 feet on a straight 3" taped line without aid and without stepping off completely.

27. The child shall run at least 10 feet and stop suddenly without falling.

28. The child shall gallop smoothly leading with either foot 10 feet.

29. The child shall run at least 10 feet and turn without falling.

30. The child shall skip clumsily at least 4 complete successive skips.

31. The child shall jump over a rope 16" high with a running start.

32. The child shall kick a 10" ball in the direction of a specified target without losing balance.

33. The child shall throw a bean bag in a basket at a distance of 4 feet.

34. The child shall throw a ball forward 18 feet holding the ball in one hand.

35. The child shall demonstrate the ability to walk forward, backward and sideways in a coordinated manner on request.

36. The child shall bounce a large ball under control for 4 bounces.

37. The child shall hop on 1 foot for 4 hops without aid.

38. The child shall keep a balloon from touching the floor by batting it for 30 seconds.

AUDITORY-ORAL ASPECTS OF LANGUAGE

The development and demonstration of these skills are based on the child's understanding the meaning of the vocabulary and syntax used or through meaningful experiences.

Objectives should be defined in quiet or noise at varying distances of 3, 7, and 10 feet.

Objectives should be defined through use of audition and vision, total or audition alone for understanding and pointing, matching; actions or speech for expression.

1. The child shall demonstrate awareness of sound by indicating its presence or absence.
   a. environmental sounds
   b. speech sounds

2. The child shall demonstrate recognition of the sounds source by indicating its location.
   a. environmental sounds
   b. speech sounds

3. The child shall respond to high and low pitch levels by imitation of vocal production.

4. The child shall distinguish between long and short tones.

5. The child shall distinguish between loud and soft tones and speech sounds.

6. The child shall imitate rhythm and intonation patterns in
   a. phrases
   b. sentences

7. The child shall imitate the consonant sounds of the English language p, n, m, n, t, d, l, s, z, sh, ch, r, dj, k, g.

8. The child shall imitate syllables making use of varying consonant vowel combinations.

9. The child shall imitate the short and long vowel sounds of the English language, a e i o u.

10. The child shall demonstrate understanding of the acoustic message by indicating appropriate object or picture referred to.
    a. gross discrimination
    b. fine discrimination

11. The child shall imitate words, phrases and sentences progressing in length and complexity.

12. The child shall demonstrate understanding of the acoustic message by following a direction.

13. The child shall demonstrate understanding of the acoustic message by answering questions.

Motor Development

Fine Motor

25 - 36 months

1. The child shall insert a small-sized peg into a pegboard hole alone.
2. The child shall demonstrate the ability to strip the candy of its wrapper.
3. The child shall demonstrate the ability to copy a horizontal line and a circle.
4. The child shall turn the page of a cardboard book.
5. The child shall place pieces in the appropriate slots of a 3-piece formboard.
6. The child shall fold paper in half with not more than an inch variance.
7. The child shall pick up small objects and place them in a cup and then dump the objects from it in imitation.
8. The child shall demonstrate ability to grasp a crayon using finger grasp.
9. The child shall imitate a "v" stroke on paper with crayon.
10. The child shall demonstrate the ability to build a tower 6 blocks high.
11. The child shall thread 5 large beads on a string.
12. When the child is handed an object repeatedly, he shall grasp it with the same hand.

37 - 48 months

13. The child shall demonstrate the ability to copy a circle on paper.
14. The child shall demonstrate the ability to cut paper using child-sized scissors.
15. The child shall demonstrate the ability to paste using pointer finger.
16. The child shall demonstrate the ability to imitate building a three-block bridge.
17. The child shall demonstrate the ability to build a tower of 8 blocks.
18. The child shall demonstrate the ability to copy a square.
19. The child shall demonstrate the ability to copy a M and an N.
20. The child shall demonstrate the ability to copy a triangle.
21. The child shall demonstrate the ability to copy a, o, and t.
22. The child shall demonstrate the ability to dress and undress dolls.
23. The child shall make recognizable copies of 5 different printed capital letters

49 - 60 months

24. The child shall demonstrate the ability to lace a shoe.

25. The child shall demonstrate the ability to cut along a straight or slightly curved 4 inch line.

26. The child shall demonstrate the ability to tie his/her shoe lace in a single knot.

27. The child shall demonstrate the ability to copy an x.

28. The child shall demonstrate the ability to fold a square piece of paper diagonally.

29. The child shall demonstrate the ability to copy a 5 block bridge.

30. The child shall demonstrate the ability to cut out a simple picture with child-sized pictures.

31. The child shall demonstrate the ability to hold a pencil in an adult-like manner.

32. The child shall demonstrate the ability to color staying within the circle.

33. The child shall demonstrate the ability to build a stable 10-piece vertical structure of various sizes and shapes.

34. The child shall follow a given stimulus with his eyes without moving his head.

35. The child shall print his name correctly.

36. The child shall hold a paint brush correctly to form a straight, slanted and curved line.

Language

Receptive

These objectives are based on child's understanding of single words used in test questions and sentences.

1. The child shall demonstrate understanding that objects can be represented by words by pointing to an object when the teacher gives the name or gives the formal sign.

2. The child shall demonstrate understanding that people can be represented by symbolic names by pointing to the person when the teacher says the name or gives the formal sign.

3. The child shall demonstrate understanding of gesture by coming to the teacher when motioned to.

4. The child shall demonstrate awareness of facial expression through reacting to an angry and happy face.

5. The child shall demonstrate understanding of "more" as a recurrence indicating want of more.

6. The child shall demonstrate understanding of "no" as non-existence by indicating a child or parent is not in the room or a container is empty.

7. The child shall demonstrate understanding of "no" as rejection by protesting or refusing.

8. The child shall demonstrate understanding of possession by indicating the object and the person who owns it, i.e., mommy's car.

9. The child shall demonstrate understanding of words which describe the features of size, shape, color, texture by pointing to the correct object that the teacher describes, i.e., big, little, round, square, rectangle, primary colors.

10. The child shall demonstrate understanding of action words to objects by carrying out the action on an object that the teacher directs.

11. The child shall demonstrate understanding of actions or change as they relate to change of location by carrying out teacher's directions.

12. The child shall demonstrate understanding of the word "no or not" to deny the presence of existence of something through its appropriate use.

13. The child shall demonstrate understanding of words of preference such as "like, want, need" by answering teacher's question, "Do you like, want, need, _____?" appropriately.

14. The child shall demonstrate understanding that words can describe location of an object or person by indicating place of person or object that the teacher describes.

15. The child shall demonstrate understanding of the question forms "what, where, who, how and why" when used to get information about something.

16. The child shall demonstrate understanding of the word "now" by carrying out an appropriate action.

17. The child shall demonstrate understanding of negation in relation to limiting people's actions by use of appropriate actions.

18. The child shall demonstrate understanding of plurality by indicating more than one object or person when the teacher gives the plural form.

19. The child shall demonstrate understanding of the question for "what, where, why, how and when" when it is used to ask information about the relationship or cause/effect one situation has to another, i.e., where do I put my shoes? How does that come apart?

20. The child shall demonstrate understanding of time relationships by pointing to the appropriate picture when the teacher uses past and present verb tenses to describe the action.

21. The child shall demonstrate understanding of events that may happen in the future through calendar work or pointing to the correct picture when the teacher uses the future tense.

22. The child shall indicate understanding of precise descriptions of objects and events the teacher presents by pointing to the correct object or carrying out the appropriate direction.

23. The child shall indicate understanding of "to, for, with" by carrying out appropriate directions given by the teachers.

24. The child shall indicate understanding of "am - is - are" as they are used in simple sentences within content lessons.

25. The child shall indicate understanding of the verb "can" as he/she demonstrates his/her ability to do something in answer to the question can you _____?

26. The child shall indicate understanding of the verb "can"as he/she answers negatively to the question"can you?" to demonstrate inability.

27. The child shall indicate understanding of the verb "must, should" by appropriate actions to the teacher's demands.

28. The child shall indicate understanding of pronouns by demonstrating appropriate relationships when the words are presented by the teacher.

29. The child shall indicate understanding of spatial relationships by carrying out teacher's directions which incorporate on, in, next to, in front of, under, behind, and between.

30. The child shall indicate understanding of the question form "when" by answering "how or later" appropriately.

31. The child shall indicate understanding of the relationships of events in a sequence by following directions presented by the teacher which make use of "before and after."

32. The child shall indicate understanding about how two events relate to one another by understanding the word because in a sentence or as an answer to a why question.

33. The child shall indicate understanding that relationships exist between more than one object or situation by following directions used by the teacher which incorporate "and" as the linking word.

34. The child shall progressively add to his understanding of words in all word classes.

35. The child shall progressively add to his/her understanding of more complex question forms.

36. The child shall progressively add to his/her understanding of more complex sentence structure.

Language

Expressive

1. The child shall vocalize actively and purposefully in communication with others throughout the day, even though the word-like syllables can't be understood.
2. The child shall use a gesture to indicate his wants, i.e. to be picked up, go to the bathroom, get a drink several times a day.
3. The child shall say "more" several times a day when they want something to happen.
4. The child shall say"no"or "all gone" consistently when something is not there when expected.
5. The child shall say "no" to protest something.
6. The child shall use a single word to name 15 familiar things.
7. The child shall use a few words to talk about the things they are doing or seeing.
8. The child shall use a few words to tell when they want more.
9. The child shall say"no"along with the name of the object.
10. The child shall combine a few words to tell you what he/she doesn't want.
11. The child shall tell about something that belongs to him/her or someone else.
12. The child shall use words that describe an object, i.e."big doggie,"that good."
13. The child shall combine several words to talk about actions, i.e., "build house," "me ride bike."
14. The child shall combine words to talk about a change in location.
15. The child shall use"not"to indicate something is not present or when they want to deny the existence of something.
16. The child shall express his/her wants by using words as "like, want, need."
17. The child shall use words to denote location of an object or a person.
18. The child shall use the word "can't" to express something that is not possible.
19. The child shall use two or more words to talk about something they notice.
20. The child shall use "what", "where" and "why" to get information.
21. The child shall indicate he/she wants something at that particular moment by saying "now."
22. The child shall use the word "don't" to limit someone's actions.
23. The child shall use "and" to link one object or situation.
24. The child shall acknowledge people and talk about their actions, "That's Susie's coat.

29. The child will demonstrate understanding of "more than one" by inconsistent use of the plural role of the "s" ending.

26. The child shall use "who" in order to obtain information.

27. The child shall use "how" in order to obtain information.

28. The child shall use word endings to reflect their understanding of time relationships i.e. past tense "ed" or present progressive "ing".

29. The child shall use words like "gonna hafta or let's (maybe)" to demonstrate their understanding that events are not limited to the immediate.

30. The child demonstrates understanding of possession through use of the "s" ending.

31. The child will use more precise descriptions of objects and events through use of appropriate modifiers.

32. The child will use words like "to, for, with" to help pinpoint the relationship between objects or events.

33. The child will use articles such as "a, an and the" to talk about objects more specifically.

34. The child will use "am, is, and are" in their communications.

35. The child will use the verb "can" to express what he/she is able to do.

36. The child will talk about specific location of something in terms of in front of, between, behind, on, under and next to.

37. The child will discuss events that happen in the future through the use of "tomorrow and later".

38. The child will demonstrate his/her idea that there is an absolute way to deal with something through the use of the verbs "must" and "should".

39. The child will make use of pronouns to reflect awareness of themselves in relation to others, my, she, he, it, we, I, our, they, them.

40. The child will ask questions about "when" things are going to happen to reflect their understanding that events have a time relationship.

41. The child will use "before and after" to demonstrate understanding of the relationship of events in a sequence.

42. The child will use "because" to discuss how one thing relates to another.

43. The child will discuss two events that have a sequential relation to one another specifying the time relationship.

44. The child will use his/her language skills to indicate his needs and wants.

45. The child will use his/her language skills to indicate his/her feelings.

46. The child will use his/her language skills to direct others.

47. The child will use his/her language skills to tell about his/her ideas.

48. The child will use his/her language skills to tell about past, present and future events.

49. The child will use his/her language skills to ineract with peers and adults.

APPENDIX Z

PARENTAL DEVELOPMENTAL WORKSHOPS

MONTGOMERY COUNTY INTERMEDIATE UNIT

Speech, Language and Hearing Program

PARENT WORKSHOP

Speech and Language Development in the Pre-School Years

Session 1

I. Preliminaries

A. What is Montgomery County Intermediate Unit?

B. Description of the Pre-School Project

C. Pre-test

II. Introduction

A. Talking - the most difficult of learned human skills (quote from Van Riper)

B. Requirements for normal speech and language development

1. physical aspects
2. mental aspects
3. psychological aspects

III. Birth to 6 months

A. Normal speech and language development

1. birth cry
2. comfort sounds
3. babbling
4. understanding
5. first meaningful word
6. words, words, words
7. echolalia
8. jargon

B. Stimulation suggestions for birth to 24 months

Session 2

IV. 2 to 3 years

A. Normal speech and language development

1. increase in vocabulary development

2. increase in sentence length

B. Stimulation suggestions for 2 to 3 years

V. 3 to 5 years

A. Normal speech and language development

1. orthographics and phonetics

2. speech sound development

Session 3

3. increase in conceptual development

4. the rules of grammar and the exceptions to the rules

B. Suggestions

1. stimulation suggestions for 3 to 5 years

2. suggestions regarding the appropriate ways to "correct" errors in speech and language

Session 4

VI. Nonfluency as a phase of normal speech and language development

A. Characteristics

B. Suggestions for the appropriate handling of this

VII. Over-view of speech disorders

A. Incidence figures

B. Types of disorders

Session 4 (Cont'd)

VIII. Conclusion

A. Post-test

B. Evaluation of workshop

MONTGOMERY COUNTY INTERMEDIATE UNIT

Speech, Language and Hearing Program

PARENT WORKSHOP

Speech and Language Development in the Pre-School Years

Videotapes

3 month old - comfort sounds

9 month old - babbling; stimulation activities

13 month old - single words; stimulation activities

Jon (3-2) and Holly (4-2) - language during play

Jon (3-2) - Grammatic Closure sub-test of ITPA

Holly (4-2) - Grammatic Closure sub-test of ITPA

Amy (2-3) - stimulation activities

Jon (3-7) - stimulation activities

Holly (5-1) and Amy (5-10) - conversation

Amy (5-10) - Grammatic Closure sub-test of ITPA

Amy (5-10) and Holly (5-1) - articulation test

Speech disorders

Jeff (6-0) - nonfluencies and misarticulations

George (7-0) - hypernasality

Eric (6-9) - nonfluencies and misarticulations

Frank (7-1) - nonfluencies, misarticulations and language problems

Audiotapes

stages of development

- reflexive sounds
- comfort sounds
- babbling
- echolalia
- jargon
- 2 year old
- 4 year old

self-talk and parallel talk

imitation of babbling

3 position articulation test

examples of speech disorders

examples of how people who are hearing impaired hear

Films

Teach Your Child to Talk

The Prevention of Stuttering - Part I

APPENDIX A-2

PARENTAL ATTENDANCE

MONTGOMERY COUNTY INTERMEDIATE UNIT

TITLE VI PARENT WORKSHOPS

SPEECH AND LANGUAGE DEVELOPMENT IN THE PRE-SCHOOL YEARS

School District	Dates	Attendance A.M.	P.M.
Wissahickon	April 18, 25, May 2, 9, 1977	7	-
Upper Dublin	April 19, 26, May 3, 10, 1977	8	15
Colonial	April 20, 27, May 4, 11, 1977	10	-

Total Attendance 40

Parents had children of the following ages:*

Age

0 - 6 months.....0
7 - 11 months.....1
12 - 18 months.....4
19 - 24 months.....5
2 years.....8
3 years.....11
4 years.....19
5 years.....18
6 years.....8

TOTAL: 74

*Children older than 6 years have not been counted.

TITLE VI PARENT WORKSHOPS

SPEECH AND LANGUAGE DEVELOPMENT IN THE PRE-SCHOOL YEARS

School District	Dates	Attendance A.M.	P.M.
Pottsgrove	November 1, 8, 15, 22, 1976	21	15
Methacton	February 15, 17, 22, 24, 1977	53	31
	February 25, 28, March 2, 4, 1977 (A.M. only)		
Pottstown	March 7, 14, 21, 28, 1977	25	23
Jenkintown	March 8, 15, 22, 29, 1977	11	
Cheltenham	March 9, 16, 23, 30, 1977	67	23
Spring-Ford	March 10, 17, 24, 31, 1977	11	7
	Total Attendance	287	

Parents had children of the following ages:*

Age	Number of Children
0 - 6 months	22
7 - 11 months	20
12 - 18 months	70
19 - 24 months	27
2 years	103
3 years	98
4 years	70
5 years	54
6 years	56
Total	520

*Children older than 6 years have not been counted.

APPENDIX B-2

COMPUTER TRACKING SHEET

Montgomery County Intermediate Unit

TITLE VI EVALUATION PROGRESS SHEET

COMPUTER I.D.#_____

NAME_____ DATE OF BIRTH:_____

ADDRESS:_____ DISTRICT:_____

_____ PRESENT ENROLLMENT:_____

PARENT(s)/
GUARDIAN(s):_____ _____

_____ FUNDED BY:_____

SCHOOL ENTRY DATE:_____

TELEPHONE: _____ WORK _____

PRESUMED DISABILITY AS STATED BY PARENT(s)/GUARDIAN(s):_____

_____

EVALUATIONS RECOMMENDED BY CASE MANAGER (CIRCLE): AUD S&L VIS PED PSY

DATE	EVAL	STATEMENT OF INITIAL DIAGNOSTIC IMPRESSION:*
_____	SDH	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____
_____	AUD	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____
_____	S&L	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____
_____	VIS	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____
_____	PED	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____
_____	PSY	_____
		_____
		_____
		SIGNATURE OF EXAMINER:_____ 280

* Not to be used in lieu of Final Diagnostic Summary.

ADDITIONAL REFERRAL TO:

_____ _____ _____
Date Evaluation _____

_____

PER REPORT OF: _____

FEEDBACK CONFERENCE:

_____ _____ Present: I.U. _____
Date Location _____

Parent(s)/Guardian(s): _____

_____

FINAL PLACEMENT SUMMARY/RECOMMENDATIONS: _____

_____

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_____

Ann Kauffman, Certified School Psychologist

DISPOSITION: _____

DATE IEP SIGNED: _____

APPENDIX C-2

HEARING IMPAIRED

PROGRAM PRESENTATION

GUIDED INTEGRATION FOR THE PRE-SCHOOL CHILD WITH A HEARING IMPAIRMENT

Montgomery County Intermediate Unit
Norristown, Pennsylvania

Janet McBride, Supervisor
Kathleen Bachus, Pre-School Teacher

Our purpose today is to share a problem with you. The solution we arrived at after considering the alternatives available to us and to discuss the advantages and disadvantages of this choice. It is our hope that if you have a similar problem, this information will be of value to you. We also hope that you will share your ideas and experiences with us in the best interests of the children we serve.

The Montgomery County Intermediate Unit in Pennsylvania received Title VI funding. As a result, we were given the exciting challenge to design a pre-school program for hearing impaired children.

As we began to formulate plans, let me show you the problem we encountered (slide 1) (would that all problems could be as appealing as this one). You are looking at some of the eight three- and four-year old children who would avail themselves of our services and for whom this program would be designed. On the surface, one would never think of this as a problem. There have been many quality programs described in the journals. There is excellent research in this area. Materials, curriculums, and assessment measures are readily available. We know because we have benefited from our study of them.

However, after assessing each of these eight children, we found our problem had taken on added dimensions. Due to their differences in hearing loss, language level, social maturity and home environments, we soon realized that if we were to plan for them as a group, we would have to design an innovative model to meet these varying needs. The small number of children presented a challenge.

Heather (slide 2) has a profound hearing loss which was identified at ten months of age. She received amplification and training was initiated a month later. Through the use of total communication, Heather is able to communicate her needs and ideas in simple sentence form. Her vocabulary includes a repetoire of nouns, verbs, modifiers and prepositions. She is able to express some of these using intelligible speech in conjunction with signs. The others are signed correctly with verbal approximations. Her parents have normal hearing.

Richard (slide 3) is a twin. Both he and his brother Robert (slide 4) have moderate hearing losses which are feared to be progressive like that of their sister. They were identified at two years of age, received amplification and entered our parent/infant program soon after. The twins' mother is deaf and their father is hard of hearing. Both are determined to develop their children's vocabulary by training them to recite lists of nouns from picture books. With the exception of a few stereotyped phrases, Richard and Robert demonstrate little use of expressive language. Instead of initiating actions or communication, they wait to be shown what to do.

Danny, on the other hand (slide 5), uses jargon, gesture and plenty of energy. His hearing loss which was identified at 18 months is severe. He received amplification immediately and was enrolled in our parent/infant program. Danny has a warm, loving family who all have normal hearing. They do everything for him to the extent that he could be called immature for his young age. His use of amplification is inconsistent as the receivers end up in the toilet or washing machine. Earmolds are chewed and cords are bought by the gross. Danny doesn't stay at anything very long as he tears about exploring his environment with enthusiasm.

If there was time, I would tell you about Ashlee (slide 6), Wayne, David and Tina (slide 7). The list of differences would grow, in all the areas mentioned. If I were to describe these children's home environments, I would use words such as sophisticated, unsophisticated, coping, helpless, privileged, warm, rigid, accepting, overprotective, saddened, frantic, as well as many others. The children's homes were also located all over Montgomery County, not one closer than five miles from the other.

Fortunately, despite these differences, there were also similarities which could be used as a basis on which to define our goals. All the parents were concerned and wanted a program for their children. Although it was difficult for some, they could all provide transportation to a central location. All the children demonstrated normal intellectual ability. Some tested in the superior to gifted range. None had concomitant physical or neurological problems. All but one had had previous training relating to their hearing impairment.

Based on these findings, an assessment of needs of both parents and child, and our studies of other programs, we designed the following three pronged program in which to incorporate our major goals.

1. The children would be integrated in a regular nursery school in order to learn to and profit from communication, interaction and dealing with their own real worlds (the hearing world).
2. The children would receive lessons within a structured self-contained classroom to develop individual emerging language skills and concepts, maximal use of residual hearing and problem solving strategies.
3. Parents would be offered weekly training sessions to develop understanding of hearing loss, its effect on the child and the family, acceptance and coping behavior as well as the opportunity for interaction and sharing.

In order to carry out a program such as this, we examined several alternatives. We would encourage parents to enroll their children in neighborhood nursery schools. We then could provide structured lessons in the afternoon to meet their specific needs in either a group or individually. We could enroll hearing children in our own nursery school in the morning and provide opportunities for therapy in the afternoon. We would include all eight children in one group or divide them into two by age, by hearing loss, or by language level.

We were not satisfied that any of these plans would solve our problem of meeting the varied needs of our eight children. After a great deal of brainstorming and searching, the following solution was developed and carried out. We call it guided integration.

The children were enrolled in Gwynedd Mercy College nursery school. Four attended sessions three mornings a week and four attended sessions two mornings a week. On alternate afternoons, the children attended structured lessons at our school for hearing impaired children. Weekly parent training sessions were also held at this school.

In order to gain the most benefit for each child within these learning environments, the role of our pre-school teacher of the hearing impaired took on two dimensions. During the mornings she was assigned to serve as a faculty member of the college nursery school. In the afternoon she was assigned to the self-contained classroom. The program supervisor was responsible for parent training.

The role of our teacher varied within the nursery school setting. Mrs. Bachus assisted in the planning and development of the program. She included children with normal hearing in her group on a rotating basis. Her additional responsibility, however, aside from educational activities, was to guide our children to interact and communicate with their peers and adults (slide 7). In order to do this, she also guided the hearing children (slide 8), the faculty

members and observers to understand that although our children demonstrated problems related to their hearing loss, they were children with many of the same interests and varying similarities and differences as the others.

As a pre-school teacher in the self-contained classroom, Mrs. Bachus directed her attention towards meeting specific needs related to the effects of the hearing loss and language delay. In order to coordinate morning and afternoon lessons, concepts presented in the nursery school were further developed in this setting were designed based on meaningful experiences (slide 9, 10), direct involvement, guided exploration, and discovery (slide 11, 12). Because of this emphasis, the two groups were divided according to language level rather than severity of hearing loss or chronological age.

Periodically, parents were encouraged to observe and participate within this classroom (slide 13) and to visit the nursery school. As their understanding of and coping with the hearing loss increased through involvement in parent training sessions, these parents were guided to reinforce classroom learning and take advantage of situations within the home to increase the effectiveness of their communication with their child.

As is expected with any program, there were both advantages and disadvantages in the implementation of this plan. On the whole, however, we felt that both the philosophy behind the concept of guided integration and the overall results were highly worthwhile for this group of children, their families, those of us involved in the program and for the many who observed throughout the year. We each grew in our own special way.

In order to end on a positive note, some of the disadvantages should be noted first and a few warnings should be given to those who may wish to follow this model.

First, the enrollment in the regular nursery school was too high for the number of staff and amount of space. If four children are hearing impaired, twenty-seven is an overwhelming number for three staff members. At times, our children,

as well as others, were intimidated and inhibited by the wealth of live stimulation.

Second, transportation did become a problem as well as the distance between school and home. One child missed a great deal of school on this account.

Third, the split groups interfered with the continuity of the morning program. Sometimes some of the children would start something and not be able to see it through or others would come in after it was begun.

Fourth, the dual role of the pre-school teacher is a difficult one in which she is required to be many things to many people, teach in two locations each day and spend extra time in planning for two different programs. The teacher's sensitivity to situations, acceptance of the challenge and enthusiasm is what makes this model work.

Fifth, most of the three-year-olds were too young for integration at the beginning of the year. We feel that some of the children should have been more mature. Perhaps they should have only attended the afternoon sessions.

Last, some of the regular school activities were too difficult for our children such as show and tell, songs and long stories.

Now, to talk about the good things which made the year a rewarding one. The faculty at Gwynedd Mercy, the teachers, the college students, the parents and the hearing children made us all feel welcome in every way. From the moment they accepted our plan, they joined us in our efforts to successfully integrate our children. As total communication was used by our teacher, many began learning signs and enjoyed it thoroughly.

Second - as there is so much verbal communication in free play, it is difficult for the hearing impaired child to fit in as an equal or a leader. He either becomes a follower or withdraws. Because Mrs. Bachus was there to guide the free play at first and then gradually step away, the hearing child was given security and self-confidence and the hearing child discovered that you don't have to speak well to be fun to play with.

Third - the hearing impaired child would sometimes misinterpret a situation and cause the other children to react angrily. At times, they also would not respond to being called which would also upset the children. Our teacher was there to explain not to excuse during the first few months. When understanding had been developed, she gradually encouraged them to solve their own problems.

Fourth - we are now far more aware of what is expected of a nursery school child. We feel this experience helped prepare our children for many later life situations which involve large numbers of people. They learned to abide by rules for the good of the group. They learned that even though they were different - (and they know this) - they could reach out to another child and have a good experience. These and many other things were learned by example.

Fifth - the structured lessons were invaluable. Consistent use and care of amplification was assured. Auditory training centered around individual and group need. The security of being with just three other children provided the opportunity for communication, stories were read at their language level and records were played to take advantage of music rather than stories.

Sixth - parent training rounded out the program. It is necessary and an important part of any pre-school program. If the parents are able to understand, cope and communicate, the child can't help but have a better chance.

As guided integration was the solution we chose to our problem, we now feel as do our parents and the Gwynedd Mercy staff that it was a good choice for all involved. We hope these ideas may help you in your plans and may you all have as appealing a problem as ours (slide 14).

APPENDIX D-2

COMMUNITY EDUCATION

POSITION PAPER

Community education is a revitalization of the democratic participatory process in the realm of education in the community. Community education is a process whereby the community assesses its needs and wants. At the same time, the community identifies its resources and couples them with its needs in order to have a more humanistic and healthy community. Apart from the process, the program aspect is manifested in various community operations which are often implemented by educational agencies.

The community education process is based upon some principles. One of these principles includes the desirability of a community to maximize the use of existing human and physical resources. The community education process strives to establish cooperative relationships among governmental service agencies, among volunteer and civic service organizations, and among business and industry. The community education process establishes procedures for self-generating activities by establishing policies and provisions through which the community can assist itself. Community education believes that such problem-solving procedures should be established through the creation and involvement of a citizens advisory council.

In order for the process to be implemented, there must be some coordination to bring the various community elements together to assist the community in its development and in the development of its potential leadership. The process encourages the capacity for innovation and change according to the wants and needs of the community it serves. Most importantly, community education fosters serendipity. Community education is an open system, a receptive concept which searches out fortuitous developments.

In order to implement the community education process and provide for the development of a community with the foregoing principles, eight major components should operate in concert for the benefit and development of the community.

Components of Community Education

The Formal Education Component in community education includes those organizations and curricula which traditionally meet the educational needs of a community through organized, formal educational agencies. The programs within this component usually include: (1) preschool education, (2) elementary and secondary education, (3) special education, (4) adult education, (5) vocational-technical schools, (6) community colleges, (7) four-year colleges, and (8) graduate and other professional schools.

A typical resident in a community will utilize some or all of these programs during his or her lifetime. Theoretically, the community education process provides opportunities and access to these programs for those citizens who have a need for them. If the organizations with the particular skills to implement these programs are not available in the community, an educational organization, such as an intermediate unit, must consider offering those opportunities to meet the community's needs and wants, within an agency's mandated and/or allowable service domains.

The second major component in community education is the Avocational Programs Component. This component would include enrichment programs for anyone in the community by way of lifetime activities. Recreation is an important aspect that would provide all types of opportunities for single and team sport enthusiasts. These activities should be available to all people, including those with special needs, regardless of age or level of development. The third major category of programs in this component would include the fine and practical arts, as well as the libraries, historical societies, and any other activities which might be available and desired by the community.

The third major component in the process of community education is Business. The business firms in a community have a vital role. Business needs

the skills and resources of the community in order to function; the community needs business to provide jobs for the citizens and products for the community to purchase. The community organizations must interact with the businesses in order to have a mutually satisfying relationship.

The fourth major component is the Religious Groups in the community which play a significant role of nonduplication of effort and referral services. The sharing of such resources would have to be within the limits prescribed by law and the general will of the community residents.

The fifth major component are those Government Agencies operating in the community. The main focus is on the local government; however, the functions of the County, State, and Federal governments must be recognized. The County Intermediate Unit is another agency in the community which plays an important role when one is considering the role of education and human services. Cooperation among these groups is most essential for efficient and effective organization and operation of a community.

Coordination and communication are the essential and absolutely necessary keys to the successful implementation of the community education process. The "who" and the "how" surrounding the implementation of the process are often not readily ascertainable. Each community will implement the total concept according to its needs and resources.

The local school programs often have a cooperative/collaborative role with human service agencies in a community. Thus, the sixth major component in community education is Human Services. The agencies in this component would include those private and public medical services, dental services, and mental health groups which provide services to the citizens who require them. In addition, the various social welfare programs and agencies which provide individual and group counseling would be a part of this component. The hospital and public

health and welfare programs would be included. The various community service groups and service clubs are included, since they contribute to the community's general welfare.

The Community School (the seventh component) is one important place where living and learning meet. This is where the intellect and the environment may interact to seek solutions to the problems of human kind, individually as well as collectively. Experience and evaluation can create knowledge. The program serves the identified needs of the members of the community and is available to all who wish to participate. However, all programs do not always operate there. Operating as a community school, a bridge is created to the community, and communication and participation go both ways. The community school is the program vehicle for people in the community education process. The county intermediate unit can serve many of the needs of the community efficiently and effectively. Its broad purpose and base of support uniquely places it in a position of leadership. An agency in the community usually accepts the leadership and assists the people and other agencies in the process of meeting the identified needs with the community's resources. This agency often acts as an additional resource to those who have the responsibility to develop curriculum for any age or learning level. To facilitate this process, coordination is essential.

Community participation is the heart of this concept and process. Usually the formal participation takes the form of Advisory Councils, which are the eighth and last component. Often the advisory council provides input to all phases of the program; it can be a valuable resource to everyone in the educational process. Instant access to the community for the identification of curriculum needs and reaction to programs can be developed. If the council is operating effectively, it should be representative of all facets of the community

and be the communication link with the community-at-large. This method would provide a participatory approach and focus on the decision-making process as the primary communication link within and outside an organization. Members of the group would be considered by Likert (1967) as "linking pins" in his model. The principle is a simple one. Each member of the decision-making group is representative of a particular segment of the organization. Each member, therefore, acts as a two-way communication link within and outside the organization.

Pre-School Education

One of the more important programs in the community education process is pre-school education. It is during these important development years, that community resources should be brought to bear. If a child is to participate in the community development process, he/she must have basic intellectual, social, and physical needs met.

In the past, these needs have been met generally by the family unit. However, with the increasing strife and demands on the family unit, community resources have had to play a more important role in pre-school/child development. Too often, these resources are scattered throughout the community and overlap with each other. In this era of accountability and dwindling fiscal resources, it is necessary for coordination of these efforts to bring them to bear more effectively on this stage of development of children.

Pre-school children who have special needs which usually require high expenditures for the special care can benefit from the coordinated effort of the community education process. In addition, the direct involvement of parents as well as other professionals contribute significantly to the cognitive, affective, and psycho-motor development of the child. The community education process with its encouragement of democratic participation in problem-solving

would assist in this involvement. An intermediate unit with its resources and demonstrated leadership could contribute significantly to this development of pre-school children.

Montgomery County Intermediate Unit

During 1976-77, the Montgomery County Intermediate Unit No. 23 of Norristown, Pennsylvania, was funded under Title VI, Part B, of the Education of the Handicapped Act (EHA-B), to provide for the initiation of services to handicapped children not previously served. To carry out this plan, the project has seven components.

1. To create public awareness of programs and services available to previously unserved handicapped persons.
2. To locate unserved handicapped persons aged zero to 21 years; to locate, identify, and verify all previously unserved pre-school handicapped persons.
3. To provide individualized program plans for handicapped persons served or assigned by means of EHA-B.
4. To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.
5. To develop and maintain a child-tracking system that meets IU, state, and national-level information needs about persons served under EHA-B.
6. To provide resource information necessary for adequate services to handicapped persons under EHA-B.
7. To gather, summarize, and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes.

The purpose of this report is to assist this project in the wider utilization

of community resources and the community education process to achieve the following service activities.

SERVICE COMPONENT 1 - To create public awareness of programs and services available to previously unserved handicapped persons.

Information and presentations about the program should be given to organizations such as Parents Without Partners, Pre-Natal Health Care Centers, and child development classes. Programs to inform expectant mothers should also be developed. The programs would not have to deal directly with the possibility of having a handicapped child. The main focus of the program should be proper prenatal care. The importance of good health care and proper nutrition should be stressed. During the program, various experts in early childhood development could be used to discuss the various topic areas. During this time, parents-to-be could be informed on some of the positive development signs and encouraged to seek more information if they believe that their child is not progressing normally. During this time, it might be appropriate to encourage a positive attitude towards handicapped persons.

It is absolutely essential that obstetricians and pediatricians be involved in this awareness program. If these professionals serve on the community advisory council and help to formulate the programs, they are more likely to support the program. This will be a slow process; however, if they have consultant contracts and other professional relationships with the intermediate unit, they will be more likely to support its program. If these medical professionals are approached in a community-minded professional manner, usually they will cooperate. A direct contact with the Montgomery County Medical Society to explain the program and services of the intermediate unit might be beneficial. Through meaningful dialogue, mutual missions would be identified and cooperative efforts could be initiated.

As there are a number of pharmaceutical companies in the Montgomery County

area, their help and public relations programs could assist in the development of awareness in the Intermediate Unit's programs. They could inform the parents of what they might do if they suspect they have a handicapped infant. Possibly an in-service program for the companies' employees which would assist them in talking to people and parents who might have handicapped children. These parents would be encouraged to seek diagnosis and help early in their children's development.

Brochures about the early signs of handicapped children could be enclosed with the property tax statements to each household. This type of information would assist the parents and general public in their understanding of potential help for their handicapped child as well as for themselves in trying to cope with the situation.

Short informational items could also be placed in the public service announcements and brochures of the public utilities billing statements. Often the statements of the public utilities carry a small brochure usually titled "News and Notes" or some other similar title. They announce various educational programs or special events which are for the public's general welfare. The use of this vehicle could be most helpful.

SERVICE COMPONENT 2 - To locate unserved handicapped persons aged zero to 21 years; to locate, identify, and verify all previously unserved pre-school handicapped persons.

One way to more fully identify unserved handicapped persons is for the Intermediate Unit to conduct a special training session for all census takers which the member districts employ. The school districts could require this inservice class on the "Art of Taking the Census" as a condition of employment. Of course, the Intermediate Unit would have to be careful not to infringe on local district prerogatives. Also, parents must be treated carefully so as not

to offend, nor generate fear in, them; however, through careful and sensitive questioning, many children could be identified. Even though the census is taken at different times of the years in the various districts, a coordinated effort on the part of the districts and the Intermediate Unit could make the program a reality. As many of the LEAs are concerned about the implications of P.L. 94-142, this process could more specifically identify the potential clientele which will have to be served. A planning process could follow to determine whether the districts will operate their programs or have the Intermediate Unit provide the service. Planning is the key.

Medical personnel, especially doctors, must take periodic in-service training. A workshop on the programs and services of the Intermediate Unit could be presented during some of these training sessions in the area hospitals. The Intermediate Unit personnel should participate to ascertain the doctors' concerns and determine future program developments. Through this dialogue, cooperation could develop with plans for the interface of the two organizations' goals and programs.

If a strong relationship is developed with the Mental Health/Mental Retardation Group, cooperative efforts at that level would assist in identification of unserved handicapped persons. The Advisory Council should have representation from this group. As this group is generally county sponsored and does not operate educational programs, a cooperative arrangement between this group and the Intermediate Unit would be mutually beneficial.

SERVICE COMPONENT 3 - To provide individualized program plans for handicapped persons served or assigned by means of EHA-B.

An important role that the Intermediate Unit could play is to assist parents in understanding the programs in which their children are enrolled. With better understanding, parents could assist the teachers by augmenting the learning

process in the home. The educational specialists would assist the parents in understanding what is happening to their child and what rights and responsibilities they have.

SERVICE COMPONENT 4 - To provide instructional programs and related services for preschool handicapped persons for whom such programs are not mandated or otherwise available.

A key facet of this component is the parent training programs which are offered. It is important for parents to understand the various programs and instructional services which are available to them and their children. It would also assist the parents in the relief of the anxiety of having a handicapped child. It would give them the opportunity to discuss some of the common problems which they are facing. Parents and family members could learn to cope with the situation together. These same classes could provide the parents with some of the basic information and basic skills with which they could assist their child in his/her development. More importantly, it would assist the parents in providing a more stable environment for the handicapped child as well as other members in the family. Not only could early recognition lead to prompt diagnosis and potential treatment, it would also lead to an easier transition into normal school programs of a less restrictive nature.

This might be an appropriate time to suggest that the Intermediate Unit in cooperation with MARC (Montgomery Association of Retarded Citizens) could join forces to provide services to those which have not been served. As the Intermediate Unit does not offer educational programs for children 0-3 years of age, these programs could be provided by MARC with consultation and assistance from the Intermediate Unit. Working with MARC, the Intermediate Unit could provide classes for those parents who have handicapped children in the MARC program. Areas in which the parents would receive instruction would include general

information about handicapped programs and attitudes which must be improved for the mental health of all of the individuals involved. This would lead to some therapy sessions for the parents which would assist them to cope with the handicapped child as well as cope with themselves and other members of the family.

At the next stage of development, the handicapped children would come to the Intermediate Unit at the age of 3 years for their educational programs. As the Intermediate Unit staff would have worked closely with the MARC program, the transition to the Intermediate Unit's programs should be much easier. This close relationship should also provide for a higher quality of programs with more consistency for the general benefit of the child. Parents should also remain in the training programs. They would take advanced Parent Effectiveness Training to cope with the new demands which their older child will be placing on them. Volunteer training for the parents in order to be more effective in their efforts would benefit the entire educational process. Advanced work in advisory council training would assist these people in leadership development which would not only help the educational programs but also the community in general. When the case manager visits the parents, he/she would inform the parents about the program opportunities and encourage them to participate.

Instruction in the educational decision-making process should be offered. These parents will be making a significant number of decisions about their children's lives and the educational programs which they will be receiving (e.g., the IEP process). With emphasis in decision-making skills, they would be more effective parents, advisory council members, and better citizens-at-large. Parent Effectiveness Training would be helpful to assist the parents in effectively dealing with their children.

SERVICE COMPONENT 6 - To provide resource information necessary for adequate service to handicapped persons under EHA-B.

The Intermediate Unit could act as a clearing house for information for parents of handicapped children. Other components of the Intermediate Unit already provide these services. Workshops should be developed and offered to parents to train them in the use of these search and informational services.

If training and information programs were to be implemented in the pharmaceutical companies, they could encourage people to take advantage of this service.

SERVICE COMPONENT 7 - To gather, summarize, and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes.

It would be most crucial to conduct research projects connected with these various activities. Too often, programs are based on what we think should be done. With careful controls and a sophisticated research design, the results of these programs would have a far-reaching effect on the community education process as well as future programs for handicapped children. However, even sophisticated, appropriate program evaluation studies will be of assistance to the intent of this component. Various funding agencies would be most interested in what has developed, and how the funding is helping handicapped children and families directly and the community-at-large indirectly for future generations.

Summary Comments

The Montgomery County Intermediate Unit is an educational organization which could provide the leadership to implement the community education process. There are some components which already exist in the organization.

In the preschool handicapped program, there is the opportunity for a relationship with medical and government personnel. Upon formation of an advisory council, pediatricians, obstetricians, and government units offering programs for these children could discuss common missions and ways to jointly

implement programs. The Intermediate Unit could provide leadership for these cooperative efforts.

Parents are important in the educational process. With the expansion of their role in the Intermediate Unit, the achievement of their children should improve. To be more effective, training programs in decision-making, volunteering, and coping skills should be offered. Parents and interested citizens could be trained to use the information resource systems operated by the Intermediate Unit.

Awareness programs offered in cooperation with businesses in the area, Mental Health/Mental Retardation Group, and local medical practices should increase the identity of handicapped children.

The time is now to cooperatively plan the process, train the participants, and implement the community education process for the development of all members of the community--particularly preschool handicapped children.

APPENDIX E-2

TEAM APPROACH

POSITION PAPER

MONTGOMERY COUNTY INTERMEDIATE UNIT
PRESCHOOL PROGRAMS OPERATING POLICY
ON THE TEAM APPROACH AND
USE OF OUTSIDE CONSULTANTS

(February, 1977)

INTRODUCTION

This policy is put forth as a collaborative effort by the Intermediate Unit staff members who are involved with the Title VI preschool handicapped program operations. This policy describes the manner in which a modified team approach has been implemented within the project. The team approach utilizes the input of all major professional disciplines in a coordinated fashion.

This team approach involves both project employees and outside contracted consultants. The Case Manager facilitates the flow of evaluations with regard to scheduling and completion of paperwork. The evaluations conducted by each professional are completed on an individually arranged basis, with immediate feedback of the results to the parents also being completed by the individual professional. However, this modified team approach occurs when each completed evaluation is brought together, dually coordinated by the Case Manager and Project Psychologist. The Project Psychologist then makes the final decision on placement and program. If additional information or clarification is needed for such a joint meeting (with respect to one of the professionals not physically present), efforts are made to contact that professional for further discussion. At the final placement decision meeting between the Case Manager and the Project Psychologist, every professional report is taken into full consideration, thus achieving a team approach. (Ideally, it would be more beneficial to have all professionals present to carry out a staffing on the case, but logistics and finances preclude this possibility at the present time.)

COMPONENTS OF THE TEAM APPROACH

Components involved in providing information are:

1. Social developmental history
2. Hearing
3. Vision
4. Speech and Language
5. Pediatric
6. Psychological
7. (and others, as deemed necessary)

The policy of the Intermediate Unit Preschool Program is to routinely offer the first six components to each child and his parents as a basic evaluation process. The reason for each of the evaluations is to assist in the determination of an appropriate, individual, educational program or service for that child. A description of what is desired under each component, whether carried out by Project Staff or by outside consultants, is given below.

With regard to the use of outside contracted consultants, however, it should be noted that the consultant is to provide no recommendation for educational programing; this is the domain of only project employees who carry out the total, modified team approach, after all feedback has been considered. Outside consultants are to carry out only the specific evaluation in question and provide their evaluative findings.

Vision (performed by outside consultant): Screening is to be done in terms of visual acuity and the effects of any problem in acuity upon educational programing.

Pediatric (performed by outside consultant): This shall consist of a statement regarding the medical condition of the youngster. The examining physician should state whether or not he sees evidence of neurological dys-

function.

Psychological (performed by both project employees and outside consultants): The examining psychologist should include measures of vocabulary, both receptive and expressive; visual motor skills; comprehension; reasoning skills; number facility; emotional maturity; and social maturity.

Speech and Language (performed by project employees): The clinician focuses on speech and language behavior within a cognitive framework. Standardized tests and informal measures are used to assess play behavior, ability to retell stories from pictures, ability to ask and answer questions, ability to follow and give directions, the ability to understand and use spatial relationships as well as a sense of one's body in space, receptive vocabulary, the sound system, understanding and use of basic concepts, syntax, various purposes for which one uses language, spontaneous speech, and the ability to match, group, and classify objects and the ability to give appropriate rationales for such classifications.

Hearing (performed by outside consultants): Audiological evaluation including tympanometry, if possible, is carried out. The purposes of this evaluative phase is to ascertain identification of hearing loss, need of amplification, effectiveness of amplification, use of residual hearing (both aided and unaided), and any additional, concomitant, middle-ear problems.

Social History: The Case Manager obtains child developmental history based on completion of a 14-page form. This information includes the background of the child; history of the mother's pregnancy; strengths and weaknesses of the child; preferred activities of the child; developmental milestones; family structure; observations by the Case Manager; and a summary of any other evaluations performed on the child prior to the Intermediate Unit's contact with the child (such as educational, medical, psychological, social agency, etc.).

SUMMARY OF TEAM APPROACH PHILOSOPHY AND FUNCTIONING

The Intermediate Unit subscribes to the philosophy that each separate team member perform an evaluative activity in accord with that discipline's ethics and standards; no attempt is made in the policy statement to prescribe the specific nature of each discipline's evaluation report content. However, the general restrictions given earlier are still to be borne in mind regarding the fact that only the Project Psychologist and Case Manager (in their final placement decision conference) are to make specific educational program and placement recommendations to the parents.

In summary, then, each individual performs a respective evaluation according to professional standards of that discipline. All separate evaluations are coordinated by the Case Manager and Project Psychologist. Wherever needed, additional contact will be made with one of the other professionals whose report raises questions, on an as-needed basis. This approach of coordinating the six different evaluation efforts by means of two individuals is viewed as a variation of a professional team approach and is carried out because of budgetary restrictions at this time. A professional decision on "most appropriate placement" is arrived at by the Case Manager and the Project Psychologist. The final, overall feedback function is carried out by the Project Psychologist.

MONTGOMERY COUNTY INTERMEDIATE UNIT
PRESCHOOL PROGRAMS OPERATING POLICY
ON SCHEDULING APPOINTMENTS WITH PARENTS

(February, 1977)

Prior to appointments, as soon as appointments have been determined by the staff members involved, the secretary will mail out a letter of confirmation to the parents that will specify how to change the date of appointment either prior to the day of the appointment or on the day of the appointment itself. A map will be enclosed with the letter of confirmation for the parents' information.

A staff member or consultant who is ill should call the Special Education Center switchboard to indicate they will not be in that day. The message would be relayed to Carol, Dave, or Bonnie. Appointments would then be cancelled as appropriate by one of the latter staff members.

Once appointments have been established, in the event of snow and the closing of the School for Children with Impaired Hearing in Lansdale, appointments will be cancelled. This cancellation will be made known by radio through use of the appropriate code number and will be followed up with a telephone call from the secretary that morning. Consultants would also be called by the secretary concerning cancellation.